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ORIGINAL AND SELECTED ARTICLES.

REPLY TO PROF. LEVIN S. JOYNES' PAPER ON "QUARANTINE BY THE GENERAL GOVERNMENT," AND TO PROF. CHAILLE ON "CASTRATION AND SPAYING AS A MEANS OF ARRESTING SYPHILIS."

BY DR. ALBAN S. PAYNE,

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State medicine, preventive medicine, I regard to be that branch of knowledge which treats of the general means to be employed under public authority for the preservation of the public health—in other words, it is public hygiene. It is as old as the Pentateuch, which embraces many of its provisions, and has engaged the serious attention of medical men from the most remote period to the present time. Hygiene is defined to be health, or the art or science of preserving health, that department of medicine that treats of the preservation of health. This is the true definition of "State Medicine," in its proper and most restricted sense; but the word state is susceptible of a very wide signification. Joined to another word it denotes public, as "state affairs," "state policy," etc., etc.; any body of men, united by profession, or constituting a part of the integral portion of the people.

Medicine, in the largest sense of the term, comprehends everything pertaining to the knowledge, cure and palliation of diseases. It also embraces the alleviation of pain and the prevention of disease in the inhabitant or inhabitants of a country. State medicine, then, in its broadest signification (the manner in which I propose to discuss it), may be likewise defined: The art of preventing, alleviating and curring the diseases of the inhabitants of the State, under the dtrection of public authority.

In this wide range it will be seen to embrace all our public charities: Our asylums for the protection and cure of the insane; the asylums for the instruction and maintenance of the deaf and dumb, and the blind; our inebriate asylums, for the relief and cure of the unfortunate victim to alcoholic indulgencies; our alms houses; our hospitals, jails, infirmaries and dispensaries, etc. To illustrate this position we will take a single example. We suppose, for instance, that from the excessive use of alcoholic stimulants the poor unfortunate victim of intemperance has so unsettled his nerves that he finds himself wholly powerless to resist his *mania* for strong drink; at the same time he possesses the most painful knowledge that by a continued gratification of his depraved appetite, he is being dragged down day by day deeper and deeper into the slimy vortex of everlasting shame and degradation. In this sad state of affairs his friends, or the public authorities, send him to an inebriate asylum, where he receives the proper medication and care. His health is restored to its pristine vigor, his mania is gone, he is a rational being once more.

"Richard is himself again."

This is unquestionably State preventive medicine.

Again, disease produces disease—like begets like, death begets death. And be it an act, or a word, or a single dose of medicine, so it resists, death, suffering or disease, in a single individual or in a whole community, it becomes, *de facto* and *de jure*, preventive medicine. I do not doubt that a kindly word opportunely spoken, a moral lecture well delivered, has often proven to be preventive medicine. It has proven so by changing the determination of some one who has contemplated in the silent chambers of his poor, sad heart, that awful act of self-destruction, a sentiment much oftener entertained in the human bosom than is generally supposed to be the case. Many a useful man now living who is an ornament to the circle of society in which he moves, has, at some period of his life, entertained some such ideas. Had not this determination been changed, it may be by the kindly word, or by the moral lecture, and the terrible act been committed, the result would be that in a few short months or years, we should have seen a fond darling mother, a proud father, an affectionate brother or the darling sister, with all the bloom and beauty on her life like features, "fall as the leaves fall" into the cold, silent grave dug beneath the shade of the wide spreading "weeping willow," here to rest until the grand day of the final resurrection. Has not this kind word, this moral lecture, proven itself to be *preventive medicine?* When we consider the great good accomplished by "state medicine" in the last 30 years, we shall find much to praise and to honor in those noble, self-sacrificing men who have controlled our public Institutions during this long period of years; and who have brought them to that state of

perfection so creditable to the present age. This should encourage us to press on in the future, until the working of our institutions shall be equal to those of any nation in the world, and shall reach that state of perfection so much desired by the philanthropist.

Some of these great improvements consist in the notorious fact that the buildings are much larger, roomier and much better arranged in regard to convenience and comfort. There is also much more care given to *ventilation* now than formerly. The treatment of the insane is much more humane, much more conducive to their amusement and comfort, than it was thirty years ago. The same facts hold good in regard to almost all of our State institutions.

However, for one *shocking* instance to the contrary, see Dr. C. W. Chancellor's report "On the Public Charities, Reformatories, Prisons and Alms-Houses of the State of Maryland, July, 1877."

I have said by these great achievements in the past we should be encouraged to press on in the future with this important and noble work of "preventive medicine." But at the same time we should do so modestly, carefully, composedly, sensibly, without a single thought of self-aggrandizement and entirely *untrammelled* by either fear or favor. Now, I am one of those who do not like the working of the "National Board of Health." Its proceedings seem to *smack* too much of *sensationalism* either to engage my confidence or to elicit my admiration. If it had more medical and less politico-medical jurisprudence about its proceedings, it might be different with me. Their action is too much that of a "great ring" organized for and intent on gaining the sympathetic ear of the public through the halls of Congress, than it is like that of a careful, sensible, painstaking body of scientific gentlemen calmly collecting the dry, uninteresting facts in regard to the prevention and cure of epidemic diseases. Moreover, it appears to my plain, *unvarnished* way of thinking, most all the articles I have recently read on preventive medicine seem too much as if prepared for the eye of the politician and the public, or other than the benefit of the hard-working, careful practitioner of medicine. Hence we find those sensational terms, "freezing out" and "stamping out" becoming "fashionable parlance" in medical communications, or rather in what should have been strictly medical communications.

Such sensational terms should never be used by the *regular* physician, unless in a sense of ridicule. "Freezing out" the contagia of yellow fever is too *puerile* to merit any consideration in this paper. Only I should like to know how Professor Gamgee would go about "freezing out" the contagia of yellow fever in a vessel containing a cargo of "monkeys" and sacks of coffee!

Here I presume the "freezing out" would give place to the "stamping out" process and the poor monkeys would be killed and the coffee burned and our broad-backed Uncle Sam made to foot the bill.

If this "freezing out" process was puerile in conception, the excuse given for the failure of the experiment in the vessel sent North for the purpose of testing the value of the discovery, was even more child-like; namely, that the experiment would have proved a *grand* success if the contagia of yellow fever had not found some rotten wood in the vessel and hid itself in this wood. Now, I was taught to believe the decay of vegetable matter to be a sort of "slow combustion." If

this is true, it ought to prove a destroyer of contagia rather than a protector of its virus.

The manifold publications of the present day on personal and public hygiene, prove the great and increasing interest of intelligent communities in this important subject of the prevention of disease. This branch of human knowledge, to which the attention of good men has been directed in all ages, is still in its infancy. Grave topics, such as contagion and quarantine, are still discussed, with conflicting arguments often based upon partially ascertained facts, and no absolute conclusion has been arrived at to satisfy all parties.

We have had at times to lament in some of the "brochures" the evidence of insufficient acquaintance with the collateral sciences, and in the arguments used the absence of the vigorous rules of logic.

Some of these essays might, indeed, please the laymen, but would impart little information to the trained professional men.

It is a trite saying that prevention is more important than cure. When a disease is once established, its issue is doubtful and its treatment difficult.

Public hygiene has in charge the removal of the external causes of diseases.

Hitherto it has provided nothing to correct aerial conditions, such as hygrometric, temperature, ozone, electric state, barometrical perturbations, etc., etc. It has failed to elucidate the nature of traveling epidemics and modes to combat their prevalence. To avoid acrid contaminations and influences, its *sole resource* is, when the ability exists, to shift places in quest of more serene air and better localities as do the migratory birds, or at least to seek what may be at hand, shelter from heat, cold and infection. In this instance instinct is as good a teacher as reason.

Much has been said and reiterated about stagnant, impure and corrupt waters, soil saturation, vegetable, animal and mineral impregnation, of potable water, etc., etc., etc. The means recommended have been improved drainage, sewerage, water conduction, percolation, the substitution of cistern in lieu of spring or well water, thorough cultivation of the soil, etc., etc.

In every instance the corrective forces of nature have been ignored. In other words, its perpetual agency to remove impurity by land and by sea. Personal hygiene consists, in brief, in economizing the forces of the system by the maintenance of bodily cleanliness, purity of morals, proper dietetic rules, suitable clothing and the avoidance of all noxious agencies and habits.

> "Observe the rule
> Of not too much by temperance thoughts
> In what thou eatest or drinkest."—*Milton.*

Let us turn the attention to preventive medicine as applied to the person in averting any given disease. The list of means which can be so applied is unfortunately limited. As limited as it is, some advantage to future progress may be gained by considering them at this time.

Sea Scurvy.—This scourge of the early voyagers gave occasion to the most splendid triumph of preventive medicine on record. The chief credit is due to Capt. Cook, who, in his celebrated circumnavi-

gation of 3 years duration, preserved the health of his entire crew of 118 men from this disease by proper regimental treatment. But one man died and he of phthisis.

Vaccination discovered by the immortal Jenner and still further utilized by Payne. By this great discovery, the saving of life and of dis figurement and suffering to the human family, is too immense to be estimated by figures. Millions upon millions of the human race yet unborn will reap its benefits.

Alcohol as a good preventive of diphtheria. The value of this discovery appears about to be realized.

Carbonate of Ammonia, hartshorn, as an antidote to the bite of the rattlesnake (crotalus horridus). This remedy will be found a perfect antidote to all poisonous bites and stings of all reptiles, etc., etc., whose poison is quick and prostrating in its effects upon the system of the mammalia in contra-distinction to rabies canina, the poison of which is *very* slow in its effects upon the mammalian system, and the antidote to which, when found, will prove to be, in the opinion of the writer, a depressant and acid poison. The discovery of the hartshorn being an antidote to the bite of the rattlesnake was made in 1852, by the writer.

Belladonna.—At times evidently preventive of scarlct fever.

Carbolic Acid as preventive of malaria and scarlet fever.

Sulphite Soda.—To some extent preventive of scarlet fever.

And here I would take occasion to bear a willing testimony to the great value of a recent paper on the etiology of "Typhoid Fever," from the pen of A. M. Fauntleroy, M.D., of Staunton, Virginia, and of whom it may be truthfully said, "Tortigit nihil quod non ornavit."

The history of the late epidemic on the Mississippi coast, has shown that no notable progress has been made in the etiology or treatment of yellow fever; in fact, we know little more than did the eminent Lining, of South Carolina, in the last century, and, notwithstanding the circular of Surgeon-General Hammond and various new departures, that have been attempted, the therapeutic recommendations of the past generation of physicians still stand the tests of experience. The only real improvement that can be alluded to consists in the appropriation of the benefits derivable from nitrate of silver in black vomit, as these benefits were first made known to the world in gastritis by our friend, the lamented Gillespie, of Louisa county, Virginia.

Public Baths.—Hot baths, cold baths and medicated baths. The occasional use of the hot bath is a valuable preventive as well as auxiliary to cure in the treatment of diseases of the skin. The cold bath is, where regularly used and when not contra-indicated by being disagreeable to the feelings of the patient, a valuable tonic to the general system and very beneficial in the prevention and cure of dyspepsia. The Turkish bath, as well as any other medicated baths, is useful in certain diseased conditions of the system.

Shade Trees.—Are valuable as a prevention of "coup de soliel" or sunstroke. This valuable preventive is, I am happy to say, receiving more attention than formerly, especially is this the case in our Southern cities. It should receive great attention wherever the sun shines and brick and mortar are used for building purposes.

Mineral Springs—Aperient, Diuretic, Tonic, Alterative.—Of great

preventive and curative value in a vast number of diseases, particlarly so in those diseases incident to females.

Eucalyptus Tree as a Preventive of Intermittent Fever.—Experiments should be repeated with this tree before any correct judgment can be found as to its relative value in destroying malaria.

Common Pine Tree as a Preventive of Intermittents.—Its concrete juice is a valuable diuretic remedy.

[TO BE CONTINUED.]

SOME REMARKS ON CHLOROFORM.

BY A. HAZLEWOOD, M. D.

Without desiring to disparage the value of sulphuric ether as an anæsthetic agent, or to enter the arena as a controversialist, I think a few words will not be amiss in confirmation of the already large volume of testimony favorable to chloroform, as the anæsthetic *par excellence*. The boon of anæsthesia is too great a relief to suffering humanity to have any opposition among medical practitioners, no matter to which of the many claimants the supremacy as its discoverer is due. I believe no one contests the claim of Sir J. Y. Simipson as the discoverer and introducer of chloroform, as *the* anæsthetic for all serious operations. It is unnecessary here to enter into the details of its introduction to the profession; the curious in such matters will find interesting and entertaining reading concerning this part of the subject in the works published by Sir J. Y. Simpson. In these days much controversy has been and is indulged in concerning the relative merits of sulphuric ether and chloroform as anæsthizing agents; and that the interest in the matter is considerable, is evidenced by the second edition of Dr. Turnbull's manual being so soon called for. That Dr T. has striven to give a candid and unbiased opinion in the matter, I do not doubt; nor am I prepared yet to state dogmatically, that I disagree with his conclusions, viz., that ether is the safer anæsthetic of the two. But I do think that the evident and disagreeable objections to ether, so well recognized and understood by Dr. Simpson, which were the incentive to induce him to undertake the experiments culminating in the discovery of chloroform, have not lessened or been overcome to this day. The objections are, briefly:

The large quantity required to produce anæsthesia.

Its tardy and frequently incomplete action; in other words, its unreliability.

The prolonged and often distressing stage of excitement preceding full anæsthesia, entailing much loss of valuable time.

The very disagreeable sensations experienced by the person taking ether.

The expense from requiring so large a quantity.

The unpleasant perfume or odor, and the pertinacity with which said odor clings to the clothing of every one present when administered, and is also exhaled subsequently from the lungs of the patient.

The persistent nausea induced, often continuing days after administration.

Its bulkiness and the necessity for a special inhaler.

Its inflammability, its specific gravity being but .720; boiling point under a pressure of 30 inches, 98° Fah.

These are weighty objections, requiring many precautions to lessen or avoid, without, as I consider, any counterbalancing advantages over chloroform, which is at the same time free from all these objections. But the main point is yet to be considered, viz., the safety to the individual inhaling.

The state or condition known as anæsthesia is not a natural one; it is induced by several agents, cold, alcohol and several other substances, among which chloroform and sulphuric ether are most widely known and used, when the anæsthetic condition is required to be produced artificially.

As, therefore, we have a pathological condition, produced by our own volition, we are in duty bound to use the best agent, and with the best accessories known, to insure, as far as practicable, the best results to our patients.

Which shall we use, then, is the question, when it is desirable to produce artificial anæsthesia, chloroform or sulphuric ether? I prefer chloroform mostly, always with children, and for the majority of purposes with adults also. Why do I do so? Chloroform is agreeable in its odor to most persons; requires but a small quantity; has a short stage of delirium preceding anæsthesia; is not inflammable, and requires no special apparatus for its administration; is more manageable and reliable; seldom produces much vomiting when proper care is exercised in preparing patient; and I think is equally safe in the hands of a competent administrator.

The plea made for sulphuric ether as the safer of the two is, that fewer deaths follow its administration than happens with chloroform. This and this alone. Supposing this statement to be true, does it follow that the chloroform is at fault? Are any of us prepared to give up morphia as a therapeutic agent, simply because more persons die from its abuse or ignorant use than from paregoric? Or are we ready to discard the obstetric forceps, because, forsooth, some ignoramus has so abused his office as to irremediably destroy some poor suffering woman? Will you not answer at once, no! but insist on a greater amount of experience and knowledge in the use of such potent remedies for good or ill.

How often is this requisition ignored? How many of the deaths attributed to chloroform can be justly laid to ignorance or carelessness, or to the impurity of the drug used?

My belief is, *very many*. Do I err when I affirm that in many operations the task of giving chloroform or ether is intrusted either to a non-professional or to a tyro in the ranks? The remark is made that any one can give the anæsthetic, but the efficient help is required to assist the operator. And when efficient help is scarce, how can it be otherwise?

The careful practitioner hardly dares give veratrum or hydrocyanic acid without careful personal watching, and yet it is not unusual to alter the condition of existence by permitting a deadly poison to be inhaled, without equally careful supervision.

I claim that the physician, administering an anæsthetic, has an

equally responsible position with the surgeon performing the operation. On his coolness, adroitness and knowledge depends largely the success of the operation. When the anæsthetic is in competent hands the surgeon has less anxiety, his mind is free to be exclusively engaged with his special manipulations. On the contrary, when he has the further anxiety of how the anæsthetic is at work, his mind is apt to be confused, the operation prolonged, and the operation more unsatisfactory. The physician assigned the duty of administering the anæsthetic must ignore all else; his attention is needed absolutely and without intermission to regulating and observing its action. Yet, how often is it otherwise. The patient's face is covered with a towel saturated with chloroform, his breathing stertorous, helpless to avert danger, and all those who have him under their charge entirely engrossed in the steps of the operation! No wonder death occurs, but I do not blame the chloroform. The only wonder is that there are so few deaths under such circumstances. Chloroform can be, and is frequently, used for several hours at a time, so that the patient is entirely helpless, is truly anæsthetized, and yet neither stertorous nor irregular breathing nor disturbance of the heart's action is produced. In the very large majority of cases it can always be so. The idiosyncrasy that cannot tolerate chloroform I believe to be very rare.

Heavy stertor is evidence of too much interference with the respiratory function being produced, and is a condition beyond the anæsthesia required for painless operations. The instructions of Dr. T. Hughes, as given in the London *Lancet*, are concise and to the point. He writes: "If I were about to be placed under the influence of chloroform, I would say, never mind my pulse, never mind my heart; leave my pupil to itself; keep your eye on my breathing; and, if it becomes embarrassed to any extent, take an artery forceps and pull my tongue well out." It is claimed that the late Mr. Syme faithfully observed this rule and never lost a case although he had administered chloroform 5,000 times. I do not claim so extended an experience, although I have given it many times during the past 20 years, and I, also, have never seen a fatal case from its use. Chisholm claims to have administered it at least once a day for many years, and during 25 years given it 6,000 times, and has never seen a fatal case. He further says: "I have accepted Syme's axiom, and given chloroform to every one, regardless of visceral complications, who has applied to me for a serious surgical operation, and I have yet to see the first death, either in my own practice or that of my friends."

Of the many deaths ascribed to chloroform, 370 in all so far reported, a careful sifting would undoubtedly very largely diminish the number properly to be attributed to this drug. The proportion of deaths to inhalations is estimated as 1 to 20,000. Even if this number be correct, which I much doubt, the percentage is very small, smaller, indeed, than opium has to be charged with; and when we strike out those cases in which vomiting has lodged pieces of food in the larynx, or where the system has been overcharged with the vapor, the cases showing an idiosyncrasy will be found reduced to a very small number indeed. If the list of deaths ascribed to chloroform published in Dr. Turnbull's manual be examined, a very large number will be found where no autopsy was made, especially of the larynx;

nor history given of the method of administration. Under such circumstances, it is unfair to charge the chloroform itself with the death unless the possibility of careless administration, or closure of the larynx from vomited matter, has been excluded.

The points, then, in my argument are briefly:

That as an anæsthetic, chloroform has, undoubtedly, many advantages over sulphuric ether.

That in the hands of a competent administrator it is equally safe with sulphuric ether.

That an anæsthetic, when given, should be under the charge of a competent physician or expert; that he should be responsible for that department, as much so as the surgeon operating is in his sphere; and paid a fee therefor commensurate with his ability and time occupied. And to those who may be called upon to perform this duty, I would emphasize the instructions of those writers and experts who have made a study of anæsthesia, to-wit: Quietness in room, and silence of the bystanders; a stomach not too long empty, about four hours since an ordinary meal preferred; loose clothing; recumbent posture (the position on stomach is sometimes dangerous from interference with movements of respiration; sitting up is even worse, tending to produce anæmia of the brain and syncope). The patient should swallow a small quantity of good distilled liquor before commencing the inhalation.

The inhalation should be at first a large admixture of atmospheric air and gradually increased as the system becomes accustomed, until anæsthesia is perfect, when its further use must be governed by the special circumstances of the case.

The nitrite of amyl and ammonia should be on hand to counteract any bad tendency that may arise. The caution cannot be too often emphasized, never give an anæsthetic to ladies without a third party being present; nor to expect so pleasant an action when actions upon the genitals or toes are to be made.—*Detroit Lancet.*

ON SOME POINTS IN THE THERAPY OF CHLORAL HYDRATE.

BY J. W. HICKMAN, M.D., DELTA, PA.

My object, in these notes, will be not so much to present new matter in the therapeutics of chloral as to give a bird's-eye view of the present state of our knowledge, as recorded in the literature of our day and as verified in my own experience.

Although known to the chemical world since 1832, chloral was not recognized to possess therapeutic worth until in May, 1869, when Oscar Liebreich, of Prussia, announced that important truth, attested by a well-executed set of experiments.

So far very little of our knowledge of the uses of chloral has been derived from its physiological action; scientific therapeutics has added but a trifling quota to the fund of ascertained facts relative to its practical application in disease. Notwithstanding this, however, we know a great deal of its correct use and much of those conditions contrain-

dicating its administration. For instance, no practitioner who keeps apace with the progress of the day would, for a moment, think of exhibiting chloral where either the respiration or circulation were seriously compromised. It would be absolutely criminal to give it in advanced (or recent, either, for that matter) disease of the lungs where the right heart is being continually overtaxed. Nor would he be less guilty who would think of giving chloral in the sleeplessness of valvular disease of the heart. Yet it has been but a few weeks since I knew a practitioner of a neighboring city to suggest the use of this very drug in precisely such a case as the last-named, with a severe dyspnœa superadded. At this point I must relate a most instructive case recorded by Fothergill: "A patient was taken into the West London Hospital, with emphysema and aortic stenosis. In spite of rest, digitalis, and ammonia, he was liable to attacks of dyspnœa, which had come on *since* his admission into hospital. On searching for an explanation, it was found that the house-surgeon had benevolently prescribed chloral for the sleeplessness complained of. This was at once stopped, and the attacks of dyspnœa never returned, though the man gradually sank." After the principle enunciated above, it seems idle to remark that a fatty heart would not certainly brook even a medium dose of chloral; in such cases paralysis of the heart has occurred before the involvement of the lower centres of the brain. J. Crichton Browne has made a curious observation, and one of no small practical importance. He has ascertained that chloral exerts an effect proportional to cerebral development; that it must be administered most cautiously to the most intellectual. The fact is further borne out in that it takes a larger than ordinary dose of chloral to induce its physiological effects in mocrocephalic idiots. I have seen this latter point abundantly evidenced. This may, perhaps, go to explain some instances of death occurring from a moderate dose—fifteen to twenty-five grains. Again, the matter of bodily temperature should have much to do in determining the proper dose of chloral, for serious symptoms, and even death, have occurred from undue neglect of this consideration. Even so apparently trivial a point as the temperature of the patient's room should be taken into account; for we must remember that the tendency of this agent, besides slowing the action of the heart, is to dilate the peripheral vessels, and thus to increase the heat-losing area of the body. Thus we see that great circumspection should be used in prescribing a remedy of such varying potency as chloral. This care should be taken, not only to avoid death, but that we may derive the most satisfactory and beneficial results from its use.

Standing forth most prominently in the therapeutics of chloral is its value as a sleep-producing agent. The late Prof. Biddle says: "It is a most reliable hypnotic, second only in this particular to opium." Now, from the view of this eminent teacher, the writer feels in duty bound to dissent. It should be recognized as an undisputed fact that there is no soporific agent at all comparable to chloral. Varied in dose, according to rules above laid down, it least frequently disappoints the expectations of the practitioner. It does not induce the swimmy, broken sleep of opium, but quiet, dreamless, and refreshing slumber, strikingly resembling that of health. The patient may be awakened with a confidence that he will at once relapse into forgetfulness. Nor

is it, like opium, followed by disagreeable sequences, either cerebral or gastric. On the contrary, so far as the stomach is concerned, digestion is not unfrequently stimulated by its use. It will not, however, exert the slightest soporific influence in painful conditions of the system—it possesses no anodyne properties whatever. When the object is to lull pain and induce sleep, about one-fourth of a grain of morphia sulph. with ten grains of hydrate of chloral will be found a most valuable combination.

Then, too, in conditions of the system where the patient is *too weak to sleep*, anodynes will be found to aggravate rather than secure rest; while in chloral, perhaps, with the bromides given with a little light wine or champagne, we have the most efficient means at our command.

In the sleeplessness due to excessive mental work, chloral exercises a peculiarly happy influence, as the writer has fully verified in his own case while yet a student. When pushed almost to the extreme of nervous and mental exhaustion from this cause, chloral would induce a night of refreshing sleep with an entire renewal of the jaded energies.

Chloral is one of the agents that has seemed to be of service in tetanus. Macnamara lays great stress upon its value, and announces that of twenty cases in India, all traumatic, seventeen recovered by the use of chloral. In large doses it is, perhaps, as effective as any drug we possess. Prof. Gross very accurately expresses the truth, however, when, in summing up the internal treatment of tetanus, he says: "All drugs are, in fact, equally of apocryphal virtue."

In the management of sea-sickness no agent has given such satisfactory results as chloral. The usual dose of about twenty grains is to be given every three or four hours, the patient observing the recumbent posture and taking nourishment in some shape or other.

Bartholow bears personal testimony that there is no remedy now known so efficient in cholera as chloral hypodermically used. The same treatment is also peculiarly effective in cholera morbus. In both conditions the remedy is enhanced in value when combined with a little morphia, as follows: R. Chloral hydratis, ʒ iij.; morph. sulph., gr. iv.; aqua laurocerasi, ʒ i. Misce. Sig. From fifteen to thirty minims hypodermically. This injection produces considerable burning pain, and sometimes an indurated lump, but is rarely, if ever, followed by suppuration.

In an extract in The Practitioner for October, 1879, Dr. Curci states that chloral is a most valuable remedy in dysentery. It may be given either by mouth or rectum. When given by the mouth it was found advantageous to anticipate its use by a slight purgative. He is very emphatic in his praise of the remedy, and, judging from its effects upon like lesions on the exterior of the body, together with its ascertained systematic effects, I would strongly advise that the profession give it a trial.

Again, Dr. J. H. Scorff reports four cases where he was successful in removing the vomiting of pregnancy by rectal injections of twenty grains, night and morning. He only found it necessary, in the cases recorded, to administer the remedy three or four times. This also merits remembrance and repetition at our hands.

Chloral is the remedy *par excellence* in the ravings of delirium tre-

mens. Like other drugs, it sometimes deceives us, but in general will be found reliable. Care must be taken in old debauchees that the dose given be not excessive; especially must we be circumspect where there is reason to believe the circulatory system has undergone degeneration of tissue, or rest may be induced which knows no reaction.

Chloral will also be found highly serviceable in certain other conditions of the system attended with delirium and insomnia combined.

It has been recommended and used in puerperal convulsions; but in my opinion is to be absolutely and radically condemned as a *sole remedy*. Too often already has it lulled the physician and friends of the patient into a deceitful security to be trusted further. If there is a truth in the whole domain of medicine, the lancet boldly used is the one and only reliable agent in this condition.

On the contrary, infantile convulsions may frequently be suspended by the discreet use of chloral.

Attacks of laryngismus stridulus are speedily broken up by timely doses of chloral.

Its use has been urged in whooping-cough, but its value is extremely questionable.

Exceptionally good results are obtained in inflammatory and febrile conditions when attended by delirium and wakefulness, with a high temperature. Recently, in a case of typho-malarial fever treated by the writer, chloral was found to control, in a most happy manner, the busy, exhausting delirium attendant thereon. It was administered by enema, and the sleep induced constituted the turning-point in the case. —*Medical Record.*

FOUR GYNECOLOGICAL FACTS NOT USUALLY MENTIONED IN TEXT-BOOKS.

BY O. E. HERRICK, M.D.

(*a*) *How to Make a Vaginal Examination.*—We often hear physicians tell of difficulty in reaching the os in making digital examinations, and indeed there *is* often difficulty in doing so, with the patient on her back, or side, with her face towards the operator; especially if the person making the examination has short fingers. That difficulty is easily overcome if the patient is placed upon her side, (either right or left) with one or both knees drawn up, while the operator sits behind her and makes the examination from behind. In this position the os is easily accessible, and can be reached in from 2½ to 3 inches from the vulva.

(*b*) *How to Make an Ocular Inspection of the Os Uteri Without a Speculum.*—Put the patient in Sims' position, and with the two front fingers of the right hand retract the posterior vaginal walls exactly as with a Sims' speculum, when a good view of the os can be obtained; oftentimes one wishes to make a specular examination when he does not have his speculum with him; under such circumstances the fingers will many times answer every purpose; the air enters the vagina and distends it just the same as when a Sims' speculum is used. In this way the posterior wall of the vagina is retracted somewhat, which

brings the os uteri considerably nearer the vulva than it otherwise would be, and if the posterior wall was *not* retracted, it would still be more accessible from behind; this is easily seen when one remembers that the direction of the vagina is *upward* and *backward.* With a woman upon her back, her os uteri is more inaccessible than in any other position she could get into, and yet that is the position almost always chosen for both digital and ocular examinations. Many men who have practiced medicine thirty or forty years still put their patients upon their backs to examine them; indeed I do not remember to have seen over three or four men who are in the habit of practicing the other method. Whoever tries this way will never return to the other. Students are almost invariably taught to place patients upon their backs, or sides, and make examinations from the front, and not one in a dozen *ever reaches the os* until after they have been long in practice. They should be taught to make it the other way, and then they would know what it was like before they got into practice, and would immediately recognize it by the touch.

(*c*) *Passing of the Female Catheter.*—When from any cause it becomes necessary to pass the female catheter, much delicacy as well as skill and patience is required, and if possible, ocular inspection should be avoided, and the instrument introduced by touch alone, under the dress or bed-clothes. The accomplishment of the above fact is well nigh impossible at times, even to the most experienced, while the young doctor in his first attempt is almost sure to get in a perspiration before he experiences the gratification of feeling the instrument slip into the patient's urethra. All this trouble comes from following the universal direction, which directs that the finger be moved in the mesial line until it touches the urethral orifice, which will be felt as a slight surrounding elevation, with a center depression. The direction would be well enough, but for the trouble in *finding* said "slight elevation with center depression," without the aid of the eyes. Now a plan much easier than the above, is to introduce the finger into the vagina, upon the anterior wall of which will be felt a small but distinct ridge, the urethra; and by moving downwards upon that ridge with the finger the orifice is easily reached and the catheter directly introduced. Any one, whether experienced or otherwise, by following the above directions, can accomplish the operation without either trouble or waste of time.

(*d*) *Introduction of Pessaries.*—This operation is almost always performed with the patient upon her back, and the failure of many pessaries in the hands of operators is not so much the fault of the instrument, as of the person applying it. With a woman upon her back it requires not a little knack to properly adjust a support or pessary without inflicting upon the patient unnecessary pain, as the weight of the uterus in that position makes it naturally gravitate towards the back, and it must be lifted up before a pessary can be placed; no easy matter in such a posiiion, and often imperfectly accomplished, to the *patient's cost.*

Now the adjusting of a pessary or supporter of any kind should always be done with the patient in *Sims' position* upon *her side* with *knees drawn up*, or in the *knee-breast* position; for the reason that the uterus is most accessible in these positions, and that the air being admitted

by the retraction of the posterior vaginal wall, and perineum, distends the vagina, and keeps the uterus in the normal position by the air pressure while the instrument is being placed. One thing more should always be kept in mind when choosing or placing a pessary or supporter, *i. e.*, that none of the uterine ligaments exert a particle of influence in preventing sinking down of the uterus into the pelvis; the uterus may even protrude at the vulva, and yet none of its ligaments be upon the stretch. The only support to that *organ upward is the vagina*, and the retentive power of the abdominal cavity—that power perhaps furnished by the influence of respiration upon the diaphragm, which operates as a tight valve to the abdominal cavity. The only office of the uterine ligaments is to prevent that organ from tipping over; they act exactly like the guy ropes in hoisting a liberty pole—who for a moment would contend that *they* would prevent the pole from sinking down endways if there was no resistance offered by the ground? —*Medical Summary.*

NEUROTOMY OPTICO-CILIARIS—A NEW OPERATION IN OPHTHALMIC SURGERY.

BY C. J. LUNDY, M.D.,
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Within the past year we have occasionally heard something, on this side of the Atlantic, of a new operation for the relief of sympathetic eye troubles—an operation which, in many cases, it would be desirable to substitute for enucleation. That this operation has been but little practiced here, may be judged from the fact that, as yet, none of our special journals contain anything on the subject, and, so far as I am aware, Dr. Chisolm, of Baltimore, is the only one in this country who has written anything concerning it.

Any means which will enable us to avoid the mutilation of a patient (and the removal of a good-looking eye is a mutilation), and which will at the same time afford him immunity from sympathetic mischief in the fellow eye, deserves and should receive a fair trial.

Many times it is desirable to remove an eye for the cosmetic effect alone, and in such cases the operation of neurotomy optico-ciliaris is not indicated. There are many instances, however, in which an eye presents a good external appearance, but at the same time its presence is a source of danger to its fellow, and in such cases the section of the optic and ciliary nerves may and should be substituted for enucleation.

The operation which I am about to describe is, so far as I am aware, the first of the kind which has been performed in this part of the country, and I trust the description, with the notes of a case, may prove of interest.

Theresa Labadie, aged 20, came to consult me on Oct. 20th, and gave the following history:

Nearly two years ago an ulcer formed upon the left cornea, which perforated that tunic, permitting escape of the aqueous humor and prolapse of the iris. From that time till the present she has had more or less irritation, pain and inflammation in the eye, and occasionally an out-

break of a severe character. Marked ciliary injection, slight pain, reduced ocular tension and ciliary tenderness are present, and indicate the existence of a chronic irido-cyclitis. Almost the entire pupillary margin is attached to the cornea at the site of the former ulcer, and the eye has only perception of light. For several months she has suffered from sympathetic irritation of the fellow eye, but for the past two months the sympathetic trouble has been of a more aggravated character. For nearly two weeks the right eye has given her so much trouble she fears total blindness.

Upon examining the right eye, a small ulcer of the cornea is observed, which makes it impossible to determine how much of the trouble is due to sympathetic irritation. Under treatment the ulcer healed kindly in about one week. At the end of the second week there was still present irritation in the right eye, and I advised an operation as the only sure means of getting rid of the trouble and insuring the safety of the fellow eye. About ten days later, or more than three weeks after first consultation, she obtained permission to have an operation performed. In the meantime the irritation in the right eye had become more severe, and while she rejected enucleation she was willing to submit to any other operation which would save her "from blindness."

On November 13th, the patient being under chloroform, I operated as follows:

An incision was made through the conjunctiva and subconjunctival tissue one-eighth of an inch from the sclero-corneal junction and over the insertion of the internal rectus muscle. With a strabismus hook the muscle was caught up and a silk thread was passed through it in order to keep the muscle within easy reach after its division. The tendon was now divided within a line of its ocular attachment, and the conjunctiva was freely dissected up from the sclerotic with the scissors. The ocular end of the tendon was now seized with the forceps, in the hands of an assistant, and the eyeball was rotated forcibly outward towards the temple, by which means the optic nerve, ciliary nerves and vessels were brought well to the nasal side. A long, well-curved enucleation scissors was then introduced close to the eyeball, and carried around to its posterior pole, and the optic nerve and ciliary nerves and blood vessels, which enter the eye at the back, were entirely and completely severed. Immediately after section of the nerves and blood vessels the eye budged forward nearly out of the orbit, and a free escape of blood followed the withdrawal of the scissors. The flow of blood was much increased by the straining of the patient while vomiting. The eye was now turned back into place, the cut ends of the internal rectus tendon were stitched firmly together, a compress bandage was firmly applied, and frequent applications ofcold water were ordered.

A marked degree of exop hthalmos was present, and, to say the least the cosmetic effect was not very imposing. After recovery from the chloroform, she complained of much pain, and morphine, in ¼ grain doses, was ordered. Visiting the patient five hours later, I found her suffering considerable pain and complaining much of nausea. Changed the dressing and used dry lint and compress bandage, and ordered morphine, q. s., to relieve pain. Next day she was much easier, but not entirely free from pain. Lids and conjunctiva considerably swol-

len, and under-lid echymosed. Exophthalmos not diminished.

November 15th (second day after operation), she is quite free from pain, and slept well during the past night. Chemosis increased, and discoloration extending down upon the cheek, which is somewhat swollen.

November 16th, condition much the same. Some secretion of a muco-purulent character. Ordered greased cloth with slight compress and allowed her the use of the right eye, which has been tied up since operation.

November 17th, ciliary injection of right eye has disappeared, and bright light no longer causes any trouble. No pain in either eye. Chemosis still very great, particularly about the sutures, which evidently cause much irritation.

November 20th, removed sutures from internal rectus. Chemosis and exophthalmos much reduced; echymosis and swelling of underlid and cheek much diminished; motions of the eye tolerably good in all directions; slight diverging squint, probably due to swelling at inner angle of the eye; no pain in either eye.

November 24th, patient came to my office for the first time since the operation. The swelling of the conjunctiva and the exophthalmos are fast disappearing, and motions of the eye are natural in all respects. Instillations of eserine sulphate were begun, with a view of hastening the removal of conjunctival swelling and promoting absorption of the extravasated blood through its action on the vessels. From this date improvement went on steadily, the eye continuing free from pain, and the right remaining perfectly free from all irritation.

December 6th, exophthalmos and swelling of conjunctiva have entirely disappeared, the eye is quite straight, and, save some conjunctival hyperæmia, nothing remains to indicate that any operation had been performed.

The operation has been a complete success, inasmuch as it has fully met the indications for its performance, and leaves the patient free from the dangers which threatened her with total blindness.

Time will enable us to judge more fully and correctly of the merits of this operation, for there is a possibility that the ends of the divided ciliary nerves may unite again, thereby establishing a sympathetic connection which might expose the patient to the dangers which threatened her previous to the operation. This union has occurred after section of other nerves, but on account of the pressing apart, and more or less bruising and turning aside of the ends of the nerves by the large blood clot, which must have formed at the time of operation, it is not probable that direct union of the nerves will ever become established.

By substituting this operation for enucleation, a good-looking eye may often be saved, and the patient may be relieved of the annoyance, trouble and expense of an artificial eye, which, however good it may be, will prove a poor substitute for a natural-looking one, capable of motion in unison with its fellow.—*Mich. Med. News.*

WHEN a death occurs in Fiji, it has to be registered; and the native scribes not unfrequently fill the blank left for "cause of death" with the words "medicine supplied by the missionaries."

ABSTRACTS AND GLEANINGS.

Gun-Shot Wound of Uterus—Bullet Traversing Six Months' Fœtus—Recovery of Patient in Four Weeks.—We extract the following from a case reported by Geo. A. B. Hays, M.D., in the New Orleans Medical and Surgical Journal:

The ball (one from the same cartridge box weighed 136 grains) had penetrated the abdominal cavity at the left side, about two inches diagonally in front and above the anterior superior spinous process of the ileum, ranging upwards—confirming the statement that it had first struck the ground, the shot having been fired from on horseback—and had lodged within the abdominal cavity.

There had been but very little hemorrhage externally at the first, and I found a portion of omentum an inch in length protruding from the wound, completely plugging it. The woman had not menstruated since December, and stated that she was six months advanced in pregnancy. It was evident the abdominal wall was cut through, and furthermore, if the projectile had sufficient velocity at the moment of impact, the uterus and contents would be involved in the injury, but the distance from which the shot was fired, and the fact of the ball first striking the ground, prevented a positive diagnosis at the moment, probing of course being inadmissable. I reduced the protruded omentum and turned the woman upon her left side, in order to allow drainage in the event of internal hemorrhage or effused liquor amnii in the abdominal cavity. Prescribed full doses of sulph. morphia, and ordered large, warm linseed poultices, abundantly saturated with laud anum, to be constantly applied to the abdomen.

June 21st. Visited the patient at 10 a. m. She had well marked labor pains which had begun to come on about sunrise, as stated by the nurse. She had rested badly all night—scarcely slept at all. Entire abdomen extremely tender and distended. Could not bear light percussion. During a pain would by an effort of will control and arrest the contraction of the abdominal muscles, thereby throwing all the work upon the uterus. Shortly after 11 a. m., the contractions being stimulated by fluid extract ergot, the fœtus, placenta and membranes were expelled simultaneously with a very slight gush of waters when the membranes were ruptured. Some coagula escaped with the fœtus. After delivery the uterus contracted beautifully, not more than two ounces of blood being lost. Administered alcoholic stimulants and beef-tea, the patient being very much exhausted. Continued the poultices and fastened the bandage over them. Examined the fœtus for the pistol ball and found it had penetrated beneath the left scapula, ranged diagonally through the trunk a distance of about three inches, and made exit in the right hip. Careful search could not find the ball either in the placenta or among the coagula, and I was forced to the conclusion that it had entirely traversed the uterus, and as it could not be felt externally on the right side, that its course had been arrested just as it attained the inner surface of the abdominal parietes on that side. The child was a female, ten inches in length, well developed,

nails formed, eyelids adherent. Evidently a six or six-and-a-half months fœtus.

Puerperal fever set in, accompanied by peritonitis. Opium, quinine and calomel were the remedial agents principally relied upon, and the poultices before mentioned were continued until recovery. Laxative enemas were sometimes resorted to. For the first few days of her illness I had no expectation of her recovery, and in fact more than once carried with me on my visit the necessary instruments to make an autopsy, expecting to find her moribund. In my treatment I was actuated greatly by the motto *Dum anima est, spes est*, and placed a deal of reliance upon the *vis medicatrix naturæ*.

From the 27th of June, her general condition underwent a change for the better and she steadily continued to improve. The opium, quinine and calomel were persisted in until her gums became touched, when the latter was discontinued, and a solution of chlorate of potash used as a mouth-wash. A strong camphor ointment relieved the inflamed breasts. She had very little lochial discharge, it lasting only two or three days. There was no drainage from the external wound at all, and it was closed with a strip of plaster and subsequently, when it suppurated a little, dressed with oxide of zinc ointment.

July 17th, she began menstruating with but little pain or discomfort; she ceased on the 19th, and the following day, July 20th, just one month from the date of the injury, she was dismissed well. It is proper to state here that the manager of the plantation kept an experienced nurse at the bedside day and night, and kept the patient supplied with everything necessary for her welfare, which undoubtedly contributed very greatly towards her recovery. She is now, August 9th, walking about, feels well, sleeps well, has the appetite of a tramp, and suffers no inconvenience from the presence of the ball in her internal economy.

It would be interesting to know exactly by what physiological process the liquor amnii that escaped into the cavity of the abdomen became so readily absorbed, while the entire cavity was in such an altered and abnormal condition.

External Urethrotomy by Wheelhouse's Method.—An external examination of the perinæum revealed the position of the stricture. A scar of an abscess remained, and there was a thick fibrous cord running in the course of the urethra for about an inch. An exploration of the canal corroborated this. I then endeavored to reach the bladder through the stricture, and after a tedious but careful trial I failed. On this occasion, and on several others, I used a great variety of instruments, including caoutchouc and whalebone filiform bougies, which had served me well in other difficulties, but I could not find the narrow opening, and, on consultation with my colleagues, I determined to divide the stricture from the perinæum. In the *Dublin Journal of Medical Science* for December, 1876, p. 489, in my Half-yearly Report on Surgery, I had drawn attention to an operation devised for such cases by Mr. Wheelhouse, the distinguished surgeon, of Leeds. He had had much testimony in its favor, and I thought the proceeding so hopeful, and had seen such good results from it in a case subsequently operated on by Mr. Thornley Stoker, that I deter-

mined to adopt it. The details of the operation, as given by the author, are to be found in the *British Medical Journal*, 1869–70, and June 24th, 1876, and in part of this Journal, as mentioned.

The instruments required are—a special staff, an ordinary scalpel, two pairs of straight-bladed forceps, nibbed at the points, a well-grooved probe-pointed director, Teale's probe gorget, a straight probe-pointed bistoury, and a short silver catheter with elastic tube attached.

The patient, who suffered much from occasional rigors, was prepared for the operation by a course of tonic treatment, in which quinine was predominant. Having been brought into the theatre, he was placed in the lithotomy position, and secured as for that operation. I now introduced the staff of Mr. Wheelhouse. This staff is grooved upon one side to within half an inch of the end, and the extremity is a button-like hook, which projects very slightly on the opposite side. The instrument was introduced with the groove towards the perinæal surface, and was pressed firmly but gently against the stricture. It could be easily felt through the soft parts, and a few incisions only were necessary to reach the urethra. Then I passed the point of the knife into the groove, dividing the healthy part of the canal for about an inch. Care must be taken that the incision is made in the groove only, and not upon the point, "so as certainly to secure a quarter of an inch of healthy tube immediately in front of the stricture." This having been done, the edges of the urethral flaps were seized by forceps and held aside. The next step was to change the position of the staff. It was slowly withdrawn, until its extremity appeared through the wound. It was then turned completely round, so that the button-like hook looked towards me, and the groove towards the pubes. Continuing the withdrawal, the "hook" caught in the upper edge of the wound, in the urethra. Thus the parts were held open at three points.

We were now face to face with the stricture, looking from healthy to diseased urethra. Here began the difficulty of the operation, for I had to find the opening, which undoubtedly existed. There were no granulations in front of the stricture; but it looked a dense wall, through which we were not likely to find a passage. Taking the director, I made a prolonged search with it for the opening, and I was delighted to find it at last. The instrument was, however, too large, and was passed in with difficulty. By carefully dividing the cicatricial tissue upon it, I succeeded in reaching the bladder, although this proceeding took a good deal of time. Then the director was turned, so that the groove was turned towards the anus. Passing a knife along the groove, the whole stricture was completely divided, and the urine escaped with a gush. The next step was to introduce a catheter—always a great difficulty with perinæal operations. To effect this the probe point of Teale's gorget was introduced into the groove of the director and gently pushed along this into the bladder. The director was then removed, and we had an unyielding channel along which we could pass a catheter. A gum-elastic instrument was introduced through the meatus, and reaching the gorget, was conducted by it into the bladder.

The patient was removed to bed, and the urine was allowed to drain away through an India tube. He quickly rallied from the operation.

His evening temperature was 99·8°—the highest range reached—falling next morning to 98·4°.

On the fourth day I removed the catheter, and for some days afterwards I passed a silver instrument every morning. The wound gradually closed, and had quite healed in about three weeks. No bad symptoms supervened. The patient's bladder slowly recovered its tone, and he was able to retain water for four hours, when he left the hospital, exactly two months after his admission. He had been up for a month, but I kept him in the hospital in order to observe if there was any tendency of the stricture to return. When the catheter was not used for a week this tendency developed, but when he left the canal easily admitted a No. 12 catheter, and I impressed on him the need of having and instrument passed at short intervals.—*Half-Year Compendium.*

Permanganate of Potassa in Chronic Otorrhœa.—In the *Buffalo Medical and Surgical Journal*, August, 1879, Dr. L. Howe records fifty-three individuals thus treated. Several others were noted, which would have been included in the list, but for the fact that the records were not complete, or that the patients were lost sight of before any definite conclusions could be arrived at.

The ages of the patients ranged from two to forty-four years, and the disease had lasted, with greater or less variation, from three weeks to twenty-two years. In several instances where the otorrhœa followed a primary acute otitis media purulenta, it was not easy to say when the discharge had passed into a condition to deserve the term "chronic." I have, therefore, excluded all cases in which the disease has not lasted at least three weeks, or which have still presented those symptoms of pain, etc., which would entitle them to the term "acute."

Concerning the etiology of these cases, there was about the same variety that one would expect in a series chosen at random. Scarlatina furnished its usually large quota of almost half—more exactly, twenty-one. Seven followed primary acute otorrhœa. Two resulted from meosles, and a number were dependent upon causes which it was impossible to ascertain.

The principal treatment prescribed in all of these, was the use of a solution of permanganate of potassa in water. In the milder cases two grains to the ounce was found to be sufficient, but if more severe, or of very long duration, the strength was increased to four, six or even eight grains to the ounce.

The patient was simply instructed to syringe out any accumulated secretion with tepid water, and then pour a few drops of the fluid into the ear. This was allowed to remain five or ten minutes, if it produced no smarting or burning sensation. If decided inconvenience followed, however, it was washed out sooner. When the discharge was at all abundant, this was repeated twice daily, and if very profuse, of course the ear was kept clean by more frequent washings with water alone. Whenever polypi developed, as was the case in three instances, or any other complications presented, they were treated by the usual methods.

A sufficient time has now elapsed to count, with considerable certainty, on the effects produced; and, as a result, I find: of the fifty-

three cases forty have entirely recovered, in an average time of thirty-eight days. In six the discharge recurs at intervals; in four it is continued, but lessened. as to quantity and the fœtid character of the odor; in three it still persists.

Now, comparing this treatment with those methods usually placed foremost in the text books, I find the results are decidedly in its favor. In seven of these cases, nitrate of silver had been used after the manner recommended by Schwartz, and although an improvement was manifest in most of them, the progress was not as rapid as under the use of permanganate of potassa. Moreover, in ten other cases treated with nitrate of silver, the discharge was arrested in six, after an average of fifty-one days; two persisted in the treatment about six months and then disappeared; while concerning two, the record is imperfect. In three of the cases reported, I began by using sulphate of copper, but after an average of six days changed to the permanganate of potassa, and improvement followed quite as rapidly, to say the least, as before. Again, in five other cases treated with sulphate of copper alone, I find, on the average, the discharge continued for sixty-three days. Sulphate of zinc, alum and tannic acid, alcohol, carbolic acid and other remedies have been used in occasional instances, but the record concerning them is not sufficiently definite to warrant any exact statement.—*Half-Year Compendium.*

Nitrous Oxide Gas.—The administration of the gas is for its stimulating effects, and taken with a greater or less proportion of air, it produces a species of exhilaration with very little subsequent reaction, the primary excitement being akin to that which commonly follows the use of champagne or any sparkling dry wine. There is a feeling of lightness and buoyancy, the individual becomes loquacious, while the heart's action is increased, and there is a momentary dizziness. The administration of the gas should not produce other effects, for intoxication and anæsthesia imply a step beyond stimulation, and therefore should be avoided. If the fingers grow numb, or if any object upon which the patient fixes his gaze becomes blurred, then should the use of the gas be discontinued.

From the condition of exhilaration described the patient recovers, and for the rest of the day feels decidedly brighter and more active. If he be depressed before the gas is given, or suffers from an attack of "the blues," the effect is much more marked. Patients who have placed themselves under our care, who have at first been dejected, who have worried about their absence from home, or about their children, or business, have in a few days become entirely accustomed to their new surroundings, and have indulged in amusements and pursuits they never were able to enjoy. It virtually takes the place of alcoholic stimulation, without depression, and for this reason we suggest its use in the treatment of alcoholism, especially in the early stages of delirium tremens. As a remedy in insomnia it has no equal, and when *not* given just before bedtime, but in the morning or middle of the day, it, as a rule, procures refreshing sleep, even for those who have relied entirely upon anodynes.

In cases of so-called "spinal irritation," or in cases of "nervous prostration," in women who have no discoverable uterine disease, we

have good reason to think it acts admirably, as it also does in hysteria, or the form of nervous derangement bordering on melancholia. When the circulation is defective, and when there is lividity of the hands, constipation, slow pulse, and rough, scurvy, mud-colored skin, it in a short time greatly betters the condition of the patient. It, so far as we have seen, favors the assimilation of food, hastens the action of iron, and increases functional activity. Appetite and sleep, and disposition to take exercise, are all improved.

The remedy has been used much in its compressed or liquid form by quacks, under the names "compound oxygen" or "liquid oxygen," and even in such hands has cured many persons who have gone the rounds of the legitimate profession.

It is not indicated in sthenic affections, or when there is a tendency to cerebral congestion or excitement, but rather for the irritability of exhaustion. It therefore, we have found, increases the trouble in vigorous, full-blooded subjects. The gas should be used well diluted with air, which may be accomplished by opening the valve near the mouth in the instrument provided for the purpose. Daily inhalations of not less than twenty gallons of gas should be used, the amount of air taken as well into the lungs being sufficient to prevent intoxication.

We are now engaged in experiments with nitrous oxide in the treatment of the chronic insane, and will publish our observations at another time. At present we deem it our duty to suggest to the profession the employment of a remedy heretofore used only for surgical purposes, which, in its new method of employment, promises a great deal.—*Medical Record.*

Belladonna in Obstinate Constipation.—In a case of typhoid fever recently in the wards, said Dr. Costa in the Mich. Med. News, constipation became so obstinate at the end of the disease, that I found it necessary to do something for it. It did not seem proper to resort to cathartics with the possibility of Peyer's patches being still unhealed. So I was forced to look elsewhere, and hit upon the following expedient. Every night before the patient went to bed he took a tablespoonful of sweet oil, and thrice daily after meals, he was given gtt. j of the fluid extract of belladonna in ʒ i of the compound tincture of cinchona (Huxham's). The effects of this treatment were admirable. In a day or two he had a normal passage every morning. Then, in order to see if this might not be due solely to the sweet oil, I left orders that the oil should be omitted for several nights, but the bowels were still regular. There was no question but that it was largely the belladonna.

Compressed Nitrous Oxide as an Anæsthetic.—Foreign journals inform us that M. Paul Bert's new method for producing anæsthesia—nitrous oxide used under pressure—has been introduced into the Paris hospitals. Last month, M. Leon Labbe performed seven surgical operations, of which the duration varied from five to thirty-two minutes, in the movable chamber put up at the Lariboisiere Hospital by Dr. Fontaine, for the surgical and medical employment of compressed air. As in the operations already performed at the medico pneumatic establishment in the Rue Chateaudun by M. Pean, the success of this new anæsthetic method was complete.—*Medical Reporter.*

How to Apply the Hot Water Vaginal Douche.—In the Chicago Medical Gazette, Dr. E. C. Dudley says:

The following is designed to impress the importance of strict observance of detail in the application of the douche, since in no other manner will its good effects be realized:

Ordinary Method of Application.	*Proper Method of Application.*
I.	I.
Ordinarily the douche is applied with the patient in the sitting posture, so that the injected water cannot fill the vagina and bathe the cervix uteri, but on the contrary, returns along the tube of the syringe as fast as it flows in.	It should invariably be given with the patient lying on the back, with the shoulders low, the knees drawn up and the hips elevated on a bed pan, so that the outlet of the vagina may be above every part of it. Then the vagina will be kept continually overflowing while the douche is being given.
II.	II.
The patient is seldom impressed with the importance of regularity in its administration.	It should be given at least twice every day, morning and evening, and generally the length of each application should not be less than twenty minutes.
III.	III.
The temperature is ordinarily not specified or heeded.	The temperature should be as high as the patient can endure without distress. It may be increased from day to day, from 100° or 105° to 115° or 120° Fahr.
IV.	IV.
Ordinarily the patient abandons its use after a short time.	Its use, in the majority of cases, should be continued for months, at least, and sometimes for two or three years. Perseverance is of prime importance.

The sitting posture is especially objectionable, for another reason: it favors pelvic congestion by force of gravity, while the dorsal position utilizes this force during the application of the douche.

A satisfactory substitute for the bed pan may be made as follows: Place two chairs at the side of an ordinary bed, with space enough between them to admit the lower bucket; place a large pillow at the extreme side of the bed nearest the chairs spread an ordinary rubber sheet over the pillow, so that one end of the sheet may fall into the bucket below, in the form of a trough. The douche may then be given with the patient's hips resting on the pillow and with one foot on each chair; the water will then find its way along the rubber trough into the bucket below.—*Medical and Surgical Reporter.*

Acute Orchitis.—Inflammation of the testes is a very distressing affection, whether traumatic or idiopathic in its origin; and any treatment that promises relief is worthy of consideration. The following cases will indicate a treatment that has proved highly satisfactory in my hands.

Case 1.—A. C., aged 45, had an attack of venereal urethritis, and attempted to treat himself by using some very strong injection, which he forced down the whole length of the urethra. This was followed by considerable irritation of the neck of the bladder, which kept up a continuous spasmodic action of the sphincter and a frequent desire to urinate all the next day. On the second morning he had severe pains in the left testis, and before night it was considerably swollen and intensely painful.

I was called in about noon of the third day and found the patient in a high fever and suffering greatly. I immediately ordered .6 grams (10 drops) of the green-root fluid extract of gelsemium, to be repeated every half hour till 4 grams (1 drachm) should be taken.

I also ordered the following :

℞ **Ammoniæ muriatis**..... ℥i
Phytolaccæ dec. fl. ext. (green-root).....
Rect. spts.....**aa** ℥i
Aquæ, q. s. ad..... ..... ℥viij. M

Sig : Apply to the part with a cloth, and renew every hour.

The testes were also well supported by means of a handkerchief passed under them and fastened to the shirt over the pubis.

The gelsemium was given with the view of controlling the fever and relieving the pain, both of which it accomplished before the 4 grams had been taken. This was repeated in 3-gram doses whenever any fever or pain began to develop. The local application was also continued for two days, when the inflammation had entirely subsided, and in about a week's time the enlargement had almost disappeared.

Case 2.—G. R., aged 28, was struck on the right testis with a hard ball. Inflammation of a severe character at once set in, and had continued about a week before I saw the case. Then the testis was as large as a good-sized cocoanut, and the pain so severe that he had not slept for five days.

I ordered the same treatment as described above, and after the fourth dose of the gelsemium, the patient was sound asleep and did not awaken for five hours. After four days the pain and inflammation had disappeared, but the testis remained large, indurate and tender to the touch. I then strapped the testis with adhesive straps for a week, at the end of which the swelling and induration had disappeared, and the testis was a trifle larger than its fellow.—*Med. Tribune.*

Burn Successfully Treated by Bicarbonate of Soda.—This case is rather an unusual one, the burn having occurred under very unfavorable circumstances, as the following statement will show :

On the 28th of March, 1878, I delivered Mrs. —— of an apparently healthy female child, whose father I had treated for tertiary syphilis a few months before its birth. I was called to see the child two months after its birth, and found it afflicted with congenital syphilis—suffering with the following symptoms, viz. : hoarse voice, discharge from the nostrils, copper-colored blotches or ulcers, especially about the anus and pudenda, and somewhat emaciated. The usual remedies for syphilis were employed, and in a few months the little unfortunate seemed to be fully restored to health.

During the month of August, 1879, I was called to see the same child, and found it suffering with cholera infantum, from the effects of which it had scarcely recovered, when it received the following burns, occurring on the 21st of October : Its mother, in attempting to lift a vessel of boiling water from the stove, unfortunately upset it, pouring the entire contents upon the child, fearfully scalding one side of the body, including the head and arm. Care was taken in removing the clothes; hence the cuticle was broken in but few places.

Classifying the burn as one of the second degree, and considering the unfortunate circumstances that had attended the child from its birth, my prognosis was, of course, unfavorable. However, I adopted the following treatment: I gave opium, gr. ¼, repeated every two or three hours, to relieve the intense pain; forbade anything but a milk diet; opened the vesicles, clipping the larger ones with scissors, and pricking the smaller ones with a needle. Locally, I applied a solution of bicarbonate of soda, upon cloths, keeping them constantly saturated with the solution; the applications were renewed every four hours. This treatment was kept up for twenty-four hours, at the expiration of which time, the soda was dispensed with—the burns being in a healthy condition, and inflammation having entirely subsided, and there was no discharge and no smell.

Having seen several cases reported wherein soda was used under similar circumstances, I have been reminded to write this.—WM. B. CONWAY, M.D., in *Virginia Medical Monthly*.

Treatment of Strychnia Poisoning.—In a case of strychnia poisoning in a girl of 16, Rivine, a German practitioner, has found that 40 grains of potassium bromide, and 10,20 grains of chloral hydrate were of great use, whilst 120 grains of potassium bromide or 40 grains of hydrate of chloral are necessary by themselves. He therefore recommends the combination of the two remedies in the treatment of cases of poisoning by strychnia. To test this theory, his pupil, Hessler, has carried out certain experiments on rabbits. For this purpose, Hessler has investigated the mode of action of potassium bromide on the sleep produced by chloral hydrate. He finds that the simultaneous administration of the former drug does not appreciably prolong this sleep. That sensation and reflex irritability are never completely abolished; that the danger of a fatal termination would not be diminished in narcosis produced by the administration of four-fifths of the minimum lethal dose of chloral hydrate with the addition of potassium bromide in a small dose (about one-third of the lethal amount). In ten cases of the minimal lethal doses of strychnia the method advocated by Rivine was not of more use than the simple chloral treatment; by both methods the tetanus which threatened life was allayed, and consequently life was prolonged. The duration and intensity of the attack were lessened to the greatest extent when the chloral mixture was given. When the minimal lethal dose of chloral hydrate was not exceeded, a sudden diminution in the frequency of respiration, and death from chloral poisoning occasionally occurred. The ultimate conclusion to which the experiments have led is that the simple treatment of acute strychnia poisoning by means of chloral hydrate is decidedly superior to the combined method proposed by Rivine.—*Practitioner*.

Was the Child Born Premature or at Full Term?—This question was asked me by an attorney, to be answered for a jury's edification. My answer was that the child was born premature.

Upon what evidence do you found such a judgment?

My answer was as follows:

1. From the small size of the child—four to five pounds.

2. The nails were poorly developed, and there was but little or no hair on the head.

3. The fontanelles and sutures were uncommonly large, indicating an imperfect development of the cranial bones.

4. The dark or cyanosed color of child.

5. The presence of the membrana pupillaris, which, according to Cazeaux, Playfair, Churchill, and others, disappears in the latter part of the seventh or during the eighth month.

6. The unusual amount of vernix caseosa, which is said by Mad. Bouvin to be more abundant on premature children, and nearly always absent when parturition is delayed.

This latter statement is according to my observation, indicating that it begins to be absorbed as gestation is completed or overruns its allotted time.

7. The presentation, which was a *breach*, Faegele contends that preternatural presentations are more frequent in premature labors than when gestation has been completed.

No one of the above signs would be pathognomonic, but, taken as a whole, afford evidence, I think, sufficient to substantiate me in my diagnosis.

This was in a case of bastardy before the Circuit Court, and I had delivered the girl who brought the suit. The above were simply the facts in the case, as I observed them at the birth of the child. Her evidence (the history of the case) of course could not be taken into consideration by me in forming my judgment of the child's prematurity. It is rather difficult to explain to the laity the difference between a seven or eight months' child and one at full term; and it is sometimes not easy, especially without the history of the case, for the accoucheur himself to determine. The reasons given above seemed to satisfy the jury that the child was born "before its time," as the case turned upon that point, and the verdict was in the girl's favor.—A. G. HOBBS, M.D., in *Louisville Medical News.*

The Cold Bath in Infantile Convulsions.—In my own experience eighty per cent. of all cases of convulsions in children occur during fever, and I believe are nearly always caused by the elevation of temperature alone. The ordinary treatment of such cases is unsatisfactory; chloroform, first recommended by Sir James Simpson, will control the spasms, but in many cases these occur in such rapid succession that no intermission can be perceived; they continue whenever the anæsthetic is stopped, and our only recourse is to continue its administration until the fever yields to medicine or subsides spontaneously. I have followed out this plan of treatment in many cases, often successfully, and frequently not so.

I have notes of four fatal cases in which the inhalation of chloroform was continued from six to thirty hours. The administration of medicine in these cases is always difficult, sometimes impossible, and is generally attempted with risk to the already weakened heart. This is true of bromide of potassium, chloral, veratrum, aconite, etc., while quinine acts too slowly to be depended upon in any severe case; warm or hot baths are sometimes useful, when, by inducing perspiration, they reduce the temperature, but every medical man knows that they often fail to arrest the convulsions.

The cold bath fails so seldom that it may be considered a specific.

The spasms will frequently continue until the temperature has been reduced to 98½°, but at this point they are almost invariably arrested. Several years' experience with this plan of treatment has inspired me with the strongest confidence in its usefulness, and yet a desire not to have its value over-estimated compels me to admit that there are cases in which convulsions will return or continue notwithstanding the reduction of temperaiure, but such cases are rare, and probably are complicated by organic lesions, as tubercular meningitis.—*Canada Medical Record.*

Sulphite of Soda in Malarial Fevers.—Dr. L. Austin Porter says, in the Michigan Medical News:

I have been using sulphite of soda in many of the malarial fevers, which have been quite frequent in this neighborhood this fall. I find the results quite satisfactory, not a grain of quinine being necessary. It has appeared to me that cases thus treated are less subject to a relapse; the career of fever is cut perceptibly short, and convalescence immediately begins. I take the tongue of the patient as my guide board for the ad ministration of this salt. When I find it presenting a broad, flabby appearance, with pale texture, and covered either with a pasty white, yellow, or brownish coat, with bad taste in mouth and fullness of stomach, sulphite of soda is my remedy; and with these signs I regard it as almost an infallible cure. But if the condition of the tongue be different from that here described, it will do more harm than good. It is absurd to administer it to a patient whose tongue is red, red-edged with fur in centre, or even covered with fur entire, while the body of it is red, or in which red papillæ are projecting up above the coating. There is nothing that will clean off the tongue quicker than this salt.

In properly selected cases it acts as a sedative, nervine, sudorific, and anodyne, bringing down the quick pulse, lessening irritability, cooling the burning skin, and soothing the aching body. My mode of giving this remedy is to use about sixty grains, divided into ten powders; one powder given every two hours, in mucilage, albumen or slippery elm tea.—*Medical and Surgical Reporter.*

A New Rhinoplastic Operation.—The existence of popular interest in rhinoplasty has recently been shown by a long article in a leading daily journal, describing an operation of this kind at Bellevue Hospital. The patient, a healthy young man, had lost his nose from a lupoid affection two or three years ago. The disease, having destroyed the nose, ceased to progress. The contraction of the cicatrices, however, produced ectropion in both lids. After waiting for over a year, as the disease did not show itself again, plastic operations for the relief of the ectropion were successfully performed by Dr. Sabine. These operations were followed, a short time ago, by one for the restoration of the nose, the middie finger of the left hand being used to supply the needed tissue. The nail of this finger was first removed, and its matrix cauterized. Then, at a subsequent period, the patient being etherized, an incision was made along the palmar surface of the finger, and the skin dissected back on either side. These flaps were united by fine sutures to the sides of the nasal open-

ings. During the operation the patient was nearly strangled by the blood which poured through the nares into his larynx. Laryngotomy was instantly performed, and relief thus given. The operation was then finished, and the hand firmly bound to the face by plaster-of-Paris bandages. The patient has, we believe, since been doing well. As union takes place, the digital arteries will be tied, and eventually the finger amputated. Such further operations as are necessary for securing greater symmetry and beauty to the new organ will be performed. —*Medical Record.*

How to Cure Fits of Sneezing.—Surgeon S. Messenger Bradley writes to British Medical Journal :

"During the recent rapid changes of temperature I caught a severe cold in my head, accompanied by almost incessant sneezing. My unfortunate nose gave me no rest. The slightest impact of cold air, or passing from the outside air into a warm room, equally brought on a fit of sneezing. In vain I snuffed camphor and pulsatilla; the light catarrh still triumphed over me. At length I resolved to see what the maintenance of an uniform temperature would do toward diminishing the irritability of my Schneiderian membrane, and accordingly I plugged my nostrils with cotton wool. The effect was instantaneous; I sneezed no more. Again and again I tested the efficacy of this simple remedy, always with the same result. However near I was to a sneeze, the introduction of the pledgets stopped it *sur le champ.* Nor was there any inconvenience from their presence, making them sufficiently firm not to tickle, and yet leaving them sufficiently loose to easily breathe through. This is really worth knowing, for incessant sneezing is among the greatest of smaller ills, and it seems only a rational conclusion to hope that in this simple plan we may have the most efficient remedy against one of the most distressing symptoms of hay fever."—*Louisville Med. News.*

Evidences that Dead Infants Were Born Alive.—At the conclusion of a close study of this subject, Dr. W. S. Abbott states, in the Boston Medical and Surgical Journal, that the medical examiner may infer that a child has lived during and after its birth, from the following signs :

1. When the diaphragm reaches only to the fifth intercostal space.
2. When the lungs more or less completely fill the thorax.
3. When the ground color of the lungs is broken by sinular marblings.
4. When, by careful experiment, the lungs are found to be capable of floating.
5. When a bloody froth exudes from the cut surfaces of the lung on slight pressure.
6. When the air cells were visible to the naked eye.

These proofs, complete as they are, may be strengthened by the cicatrization of the umbilicus, the scaling of the epidermis, the closure of the fœtal ducts, the size of the osseous nucleus of the inferior femoral epiphysis, the existence of milk, sugar, starch, or medicines in the stomach, determined by the appropriate chemical tests, and by the presence of fecal matter other than meconium in the lower intestines. —*Medical and Surgical Reporter.*

Cause of Ague.—In two recent numbers (July and October 15th) *Archiv fur experimentelle Pathologie*, Professors Klebs and Tomasi-Crudeli report the particulars of a research recently conducted by them at Rome with regard to the essential cause of the ague which is endemic about that city; and, so far as can be judged from that account, the doctrine that ague-posion is a microphyte of malarious soil is no longer a mere matter of suspicion (as my text expresses it), but is a matter of experimental certainty. The investigators nameed declare that they can isolate from malarious soils and their atmosphere definite microphytic forms capable of separate cultivation; and that, when successive generations of this "baccillus malariæ" (as they name it) have been cultivated in successive quantities of an indifferent fluid, subcutaneous incculation of rabbits with any final fluid in which the *baccilus* is germinating will give ague to the subjects of the experiment. The argument of my text (in the section relating to the natural history of contagia) may suggest how extremely interesting it would be to ascertain whether, when animals are under influence of the *baccilus malariæ*, the fever can be propagated from them to healthy animals by means of small fransfusions of blood.—*British Medical Journal.*

Poisonous Vinegar.—The editor of the Boston Journal of Chemistry says:

Vinegar sold in the markets is so generally of a factitious character that it is better to discard its use, unless it can be procured from known honest sources of supply. The cheap vinegar thrown into the market by vinegar makers does not cost over two cents a gallon; some of them are but little better than dilute sulphuric acid. Pickles! If any one wishes to eat these destestable and unwholesome substances, it is better to procure the vegetables and good cider vinegar and make them at home. The oleomargarine manufacture ought to be prohibited by State legislation. Any compound made up of common beef tallow, and so colored and scented as to resemble butter, is a fraud; and most of the consumers, who are among the poorer classes, are defrauded in its purchase. The best specimens which have come under our notice are repulsive, greasy compounds.

Morphia Tartrate.—Morphia tartrate has been recommended by Erskine Stuart as a morphia salt particularly suitable for hypodermic injections, because more concentrated solutions can be obtained of it than of the muriate or acetate. It is very soluble in water and alcohol, forms neutral, wart-like crystals consisting of needles, and is made by dissolving ten grams crystallized morphia and 2.5 grams (or sufficient) tartaric acid in 40 grams hot distilled water, and evaporating in a moderately warm place.—*Pharm. Centralb.*

New Method in Breech Presentation.—Dr. Underhill, in the British Medical Journal, describes a process by which he has succeeded in difficult breech cases, after the failure of the ordinary procedures. He inserts the index and middle fingers of one hand behind the child's sacrum, and hooks them, one over each hip. He says it is very easily done.—*Pacific Med. and Surg. Journ.*

Menthol as an Antiseptic.—(Dr. H. Hager.) Japanese or Chinese oil of peppermint contains a large amount of stearopten (menthol), so that it forms a solid mass at ordinary temperature. This solid portion of oil of peppermint is likely to become an article much in demand, for, according to Duncan's statements, it has antiseptic powers equal to those of thymol. In some wholesale German price-lists it is quoted as Oleum Menthæ Japonicum Crystallisatum, price 62 marks (nearly $16) the kilo.—*Pharm. Centralb.*, 394.

Sclerotic Acid.—Speaking of this substance the Medical Times and Gazette says: It has the advantage of remaining indefinitely without loss of strength, if only kept in a dry place and undissolved. Its sodium salt Nitikin considers the best preparation for internal use in the human subject. Subcutaneous injection of either drug causes a "sharp biting" pain, which passes off in a few minutes. Von Zeimssen claims for Sclerotic Acid over Ergotin that the former causes no inflammation at the seat of puncture.

Inaction of the Bladder.—Dr. Harrison (in *Lancet*) says:

Of the medicines that I have found most useful in restoring the tone of the bladder, I would mention the ergot of rye, which I generally give in doses of twenty to thirty minims of the fluid extract in cinnamon-water. Of its use, further experience only strengthens the good opinion of it I have elsewhere expressed in the treatment of this complication of prostatic enlargement.

On the Use of Carlsbad Water in Diabetes Mellitus.—Dr. Mayer, of Carlsbad, concludes a paper on this subject with the following resume:

I. Diabetes mellitus is an incurable disease.

II. The Carlsbad cure, in a large number of cases, relieves the most troublesome symptoms, improves the general condition of the patients, and prolongs life.

Carnauba Root.—This recent introduction to the list of therapeutic agents appears, from the very scant literature which we have been able to secure on the subject, to merit a thorough trial. It is classed under the head of vegetable alteratives, and its use in Brazil, to which country it is indigenous, has made it very popular in the class of cases in which sarsaparilla, stillingia, etc., are employed with us.—*New Press.*

Cayaponin.—The alkaloid of Cayaponia Globulosa, a cucurbitaceous plant of Brazil, is a powerful purgative in doses of six milligrams (1-10 grain) without causing griping.—*Rep. de Ph., and Ph. Zeit, f. Russt.*

SEVERAL cases are reported in England in which scarlet fever, measles, and other infectious diseases, have been spread by means of domestic animals, as cats and dogs.

SCIENTIFIC ITEMS.

Galvanic Oxidation of Gold.—New discoveries in chemistry are so common that we cease to wonder at them; and when chemical affinity and electricity work together it is hardly possible to set limits to their power. It has been a familiar statement in text-books of chemistry and technical manuals that gold can be dissolved only by *aqua regia*, or nitro-muriatic acid; but it has recently been discovered that the same result may be attained by the use of dilute sulphuric acid with the aid of the galvanic battery. In a communication to the French Academy of Sciences, M. Berthelot states that his attention was called by M. Chevreul to a remark by Grotthuss, that in his experiments on the decomposition of water by galvanic action he found that the gold wire used as the positive pole in the sulphuric acid through which the current passed was dissolved. M. Chevreul suggested that the action might be due to the formation of persulphuric acid, and M. Berthelot undertook a series of experiments to elucidate the subject. He first of all repeated the experiments of Grotthuss, which he found perfectly correct. Sulphuric acid diluted to one-tenth rapidly dissolved the gold, a portion of which was precipitated on the negative pole. Nitric acid under similar conditions produces the same effect with a violet-colored precipitate (gold or oxide of gold), which remains in suspension. Diluted phosphoric acid, on the contrary, does not affect the gold in any appreciable manner, even under the influences of the galvanic current; nor has potassium any action. The solvent power of sulphuric acid is not due to the presence of ozone; for oxygen charged with ozone does not attack the metal in presence of water, either pure or mixed with sulphuric or nitric acids. Persulphuric acid prepared by electrolysis does not act on gold even when it contains in addition a certain quantity of oxygenated water. The result of M. Berthelot's observation is that the gold is attacked solely under the influence of the galvanic current, and by the contact of the pole with the electrolized liquid.—*Boston Journal of Chemistry.*

Carrier Pigeons at Great Altitudes.—Experiments were recently made in Switzerland to ascertain whether carrier pigeons would start at great altitudes, and would find their way from summits covered with snow as well as from less heights. Two pigeons were set at liberty on the Bergli, at a height of 8,600 ft. After perching for a few minutes on a neighboring rock, they took flight in the direction of the Eiger; but soon after they returned to the hut whence they had been liberated. They did not start again for some time, when they took the route for their cot, although, surrounded by mountains, they had not seen the country. Of these two, one did not reach its destination till seven days after; the other failed to appear. Neither (it should be said) had been accustomed to be set at liberty at a great distance from its cot. Another experiment consisted in letting off two pigeons (one of which had not been trained for great distances) about 9:30 a. m., at a point 50 ft. under the highest point of the Jungfrau, or 13,750

ft. above sea-level. They immediately rose, described several large circles, and took their flight down the valley of Lauterbrunnen, in the direction of Schilthorn and Schwalveren. One of these pigeons reached its cot at Thun at three o'clock next day (eight hours after starting). The other did not turn up. The result of these observations is the more interesting, because, in several instances, pigeons let off from balloons high up in the air have seemed to be incapable of sustaining themselves, and have fallen to earth like an inert mass.—*Boston Journal of Chemistry*..

Natural Enemies of the Telegraph.—There is, apparently, no apparatus so liable to be interfered with by what we may call natural causes as the electric telegraph. Fish gnaw and mollusks overweight the submarine conductors of the subterranean wires; while there is at least one instance of a frolicsome whale entangling himself in a deep sea cable, to its utter disorganization. It is stated that within the three years ending 1878, there have been sixty serious interruptions to telegraphic communication, in Summatra, by elephants. In one instance, these sagacious animals most likely fearing snares, destroyed a considerable portion of the line, hiding away the wires and insulators in a canebreak. Monkeys of all tribes and sizes, too, in that favored island, use the poles and wires as gymnasia, occasionally breaking them and carrying off ths insulators; while the numerous tigers, bears and buffaloes on the track render the watching and repair of the line a duty of great danger. In Australia, where there are no wild animals to injure the wires, which are carried great distances over land, they are said to be frequently cut down by the scarcely less wild aborigines, who manufacture from them rings, armlets and other varieties of barbaric ornament. It has been suggested as a means of protection in this case that the posts should be constructed of iron, when the battery could be used to astonish any native climbing them with felonious intent.—*Scientific American.*

The Colony of Victoria.—The government of the colony of Victoria has caused to be compiled and published a full account of the aboriginal people of Australia, with notes concerning their customs. This work shows clearly that the Australians are really comparatively a new race to the continent on which they are already fast approaching extinction. Innumerable stone hatchets and basaltic chips, close to the surface of the soil all over the country, attest the former presence of the aborigines everywhere; but these relics occur only near the surface. No fossil remains of man have yet been met with, even in the alluvial deposits where the gold miners have worked. We have no evidence that man was contemporary with the great fossil kangaroo or the native lion; and, although, says Mr. R. Brough Smyth, the compiler of the present work, the bones of the native dog are found beneath the volcanic ash beds, there is nothing to show that this dog ever had a master. From these and other facts is drawn the inference that the Australian aborigines are a new race to their own land.

A CERMAN chemist is said to have invented an inflammable substance capable of serving as a substitute for white phosphorus in the manufacture of matches.

PRACTICAL NOTES AND FORMULÆ.

Sulphate of Zinc in Anemia.—Dr. Fenwick notes that in anæmia, coexistent as it often is with cardiac hypertrophy, iron is objectionable, and may be advantageously discarded for zinc sulphate, as in the following formula :

℞ Zinci sulphatis.....
Ext. gentianæ.....aa gr. ij.
Pill. rhei. comp..... gr. j.

For one pill, twice or thrice daily.—*Med. and Surg. Reporter.*

Chloral in Diphtheria.—

℞ Chloral hydratis..... ℥j.
Aquæ..... ℥j. M.

Use as a gargle every hour or two.

Dr. R. Carney, in the Canada Lancet, says : "This is a specific in diphtheria; it has a wonderful effect, the patches rapidly peeling and the patient promptly improving." It may be applied by a sponge swab in infants.

Coto Bark in Diarrhœa.—I have tried coto bark with prompt success in a case of diarrhœa with tubercular complications. The following is the formula I have employed :

℞ Fl. ex. coto bark.....
Com. tr. cardamon.....aa ℥ ij.
Mucilage acacia.....
Syrup.....aa ℥ ss
Cinnamon water, q. s. add..... ℥ viij.

M. Dose, a tablespoonful every three hours.—Dr. J. B. Crandall in *Therap. Gazette.*

Gastric Catarrh.—

℞ Sulphate magnesia..... ℥ss:
Bicarb. potash..... grs xxx.
Salicylic acid..... grs. x.
Water..... ℥iv.

To be taken after meals as soon as the symptoms of acidity are felt approaching.—*Ec. Med. Journal.*

Dysmenorrhœa.—A writer, in Brief, used the following remedy successfully to relieve the pain of dysmenorhœa :

℞ Camphor..... 10 grains.
Dover's powders..... 10 grains.
Ext. hyoscyamus..... 10 grains.
M. Ft. pill 10.

Dose, two pills every two hours.

The Purity of Chloroform.—It being very important that chloroform for anæsthetical purposes should be pure, the following simple tests are recommended by the author. If chloroform is dropped on paper and allowed to evaporate, the last portion on being inhaled has a characteristic pleasant smell, and leaves the paper perfectly dry and odorless; impure chloroform, however, possesses a disagreeable irritating odor, which it imparts to the paper.

Pure chloroform does not redden blue litmus or give even a cloudiness with silver nitrate. If it should do either, it contains hydrochloric acid or products of decomposition of some other chlorides. Pure chloroform remains perfectly colorless when boiled with potassa; the presence of aldehyde causes a brown coloration.

When shaken with concentrated sulphuric acid and allowed to stand for half an hour, the two liquids should separate into two colorless layers. The presence of alcoholic chlorides produces a brown coloration.—*New Remedies.*

Mithie's Elixir.—This is a carminative elixir, which is prepared according to the following formula :

℞ **Ginger**..... ℥ ½
Cinnamon..... ℥ 2
Long pepper..... ℥ 2
Galanga..... ℥ 1
Nutmeg..... ℥ 1
Cloves..... ℥ 1
Cardamom..... ℈ 1
Alcohol.....fl ℥ 6

Digest for 14 days and filter. Dose, ¼ teaspoonful in some suitable vehicle.

Soda Benzoate.—Dr. Wm. B. Davis, in Cincinnati Lancet and Clinic, reported having had good success in the use of the soda benzoate in a case of ulcerated sore throat. There was marked improvement in twenty-four hours after commencing its use. In a severe case of scarlet fever with ulcerated sore throat there was evident improvement at first, but the patient had succumbed to the poison that day. His formula was for adults :

℞ **Sodii Benzoat**.....
Aqua menth. pip..... aa ℥ ss.
Syr. bal. Tolu..... ℥ ii.

M. fl. ℥ss every three hours.

For children :

℞ **Sodii benzoat**..... ℥ i.
Aq. menth. pip..... ℥ ii.
Syr. bal. Tolu..... ℥ i.

M. fl. ℥i every two hours.

Hagan's Magnolia Balm.—This balm is said by Chandler to be a colorless fluid containing 23.07 of zinc oxide. The bottle contains 3½ fl. oz. of liquid, containing 2 drachms of glycerin and 262 grains of zinc carbonate, together with a trace of carmine, and flavored with lavender and bergamot.—*New Remedies.*

Anti-odontalgic.—The following is from Dr. J. Pirnat, in the Medical and Surgical Reporter.

"The following toothache panacea I have used for the last ten years, viz. :

℞ Chloral hydratis.....
Gum camphoræ.....aa ʒj.
Olei caryophilli..... gtts.xx

Sig. Saturate a small piece of cotton and plug the cavity with it."

Constipation.—Dr. Griswold, in Medical Brief, says : In the constipation of pregnancy, or constipation resulting from a torpid condition of the bowels from any cause, also in those chronic dyspepsias, when acidity is very prominent, and action of the bowels is seldom obtained except by artificial means, the following will be found of very great benefit. It has about it an air of old-fashionedness, but its worth is a matter of fact.

℞ Fol. Senna..... ʒiv.
Manna..... ʒiv.
Pulv. Angustura bark..... ʒij.
Pulv. gentian..... ʒi.
Pulv. rhei..... ʒ1½.
Sem. annis..... ʒ1½.
Capsicum..... ʒ½.
M. et add
Boiling water..... 1 pint.
Spts. turpentine..... ℥vi.
Steep one hour, strain and bottle when cool.

Dose, one tablespoonful morning and night.—*Brief.*

Alcott's Red Drops.—The following is the formula for the celebrated Alcott's Red Drops, which formerly enjoyed a great reputation in this section, in the cure of obstinate diarrhœa, and which I find as beneficial now as it probably was forty years ago.

℞ Pulv. rhei..... ʒj.
Sach. alba..... ℥iv.
Pimento..... ℥½.
Boiling water..... 1 pint.
M. and when cool add
Tinct. opii..... ℥1½.
Sprts. ammo. ar..... ʒv.
Sprts. vini gallici..... ℥ij.

Dose, one to two teaspoonfuls every two or three hours.—*Brief.*

Netolitzky's Bromine Inhalation.—

℞ Bromine..... grs. 8 to 16.
Bromide of potassium..... grs. 8 to 16.
Distilled water.....fl ℥5 to 7.

Dissolve. To be poured, in small quantities at a time, upon a sponge or upon lint, for inhalation in croup. The effects of this solution are very favorably spoken of.—*Prag. Med. Wochensch.*

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Sapo cast..... 20 grains.
Ext. hyosciami..... ʒ ½.
Pulv. ipecac :..... 5 grains.
M. Ft. pil. No. 20.

Dose, one pill morning and evening.

If the rectum is irritable, with small, thin, frequent evacuations, he substitutes opium for the hyoscyamus and uses less aloes.—*Brief.*

For Acute Rheumatism.—Solution of salicylic acid, particularly useful in acute rheumatism.

℞ Acidi salicylici..... ʒj
Sodii biboratis..... ʒ ½.
Glycerine..... ʒ ij.
M. Heat until dissolved, and add
Glycerine..... ℥ j.
Aqua q. s. ut ft..... ℥ ij.

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Mix intimately.
Molasses..... 1 lb
Best bone black in very fine powder..... 1 lb
Olive oil..... ¼ lb
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The whole is allowed to stand for 3 hours or longer, and afterwards as much water is added as is necessary to give it the proper consistence. —*New Remedies.*

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To be applied by means of a camel's-hair pencil.—*Pharm. Zeit. F. Russl.*

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905 E Street, N. W., Washington, D. C.

Washington, D. C., January 28, 1880.

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The square and cubic measures are nothing more than the squares and cubes of the measures of length. (Thus, a square and a cubic millimeter are the square and the cube of which one side is a millimeter in length.) The are and stere are other names for the square decameter and the cubic meter.

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* A meter is equal to 39.368 American inches.
† A gramme is equal to 16.433 grains troy or avoirdupois.
‡ A liter is equal to 2.113 American pints.—*Ex.*

CLIMATE OF GEORGIA.

One of our subscribers from a Northern state writes to know if the climate of Atlanta is adapted to consumptives. We hesitate not to express the opinion that it is, and that middle Georgia and the entire section of Georgia, particularly the Northeastern portion of the State, is better adapted to consumptives than Florida and some other resorts in a more Southern section—we mean as a permanent place of residence. In the interior of Florida the climate is mild and the hygrometric conditions favorable in the winter. In the summer, however, it is too warm and relaxing, and malaria is too prevalent in most sections of the State to make it safe for the consumptive during the summer months. In Jacksonville and at all points on the coasts of Florida there is too much moisture in the atmosphere to make it desirable at any season. The

sea breezes in winter are also exceedingly penetrating and disagreeable. In the interior of the State, among the pines, these objections obtain in much less degree. So in certain localities in Southern Georgia, the climatic conditions are favorable the year round. This is true, especially of Thomasville and Cuthbert, Georgia. These are healthy points the year round, and the climate mild, uniform and free, in a great degree, from malaria, though the long summers become somewhat enervating to some constitutions.

In middle and upper Georgia the summers are not excessively warm, nor are the winters severe, the thermometer seldom falling below 30° in winter or rising above 85° in summer.

We mention as among the desirable points in upper Georgia for permanent residence of consumptives the cities of Griffin, Atlanta, Marietta, Gainesville, Athens, Madison and the villages and country adjacent to these points.

DISSECTING MATERIAL.

A great deal of overwrought and injudicious sensation has been kept up by the newspapers in Atlanta, relative to the procurement of dissecting material; it being charged upon the colleges that they were grave robbing in this vicinity. The janitor of the Atlanta Medical College was arrested, threatened by the mob and finally convicted of robbing a grave in a neighboring county, although upon search the authorities failed to find the remains in their possession.

We can say for the *Southern Medical College*—the institution with which our editorial corps is connected, that the Faculty do not desire or intend to procure subjects in this vicinity, or in any way that may be objectionable even to the most sensitive and fastidious in such matters; on the contrary they instructed their Demonstrator, early in the session, not to do so, and to procure only material from morgues and pauper grounds in distant sections where they can be obtained without let or hindrance. They are pleased to say to the Profession and to Students everywhere that dissecting material can and will be abundantly secured, and that the facilities for the study of practical anatomy in the Southern Medical College will be equal to the best in the country.

LITTLE THINGS IN PRACTICE.

There are many practical and useful ideas which from their very simplicity are overlooked in emergencies. One of these we now mention as suggested by a recent occurrence in practice.

A very fleshy and clumsy lady being thrown from a wagon received a severe injury to her back, so that the least motion caused excruciating pain. The accident occurred in the public road, half a mile from her residence. How to carry her home with the least injury and suffering was the first thought. A buggy was brought, but the effort to lift her into it seemed almost impracticable and the pain too excruciating to be borne, and a like trouble must be encountered in getting her out. At length a large armed rocking chair was brought, into which she was placed with comparatively little pain, her back finding support on a pillow, a half-reclining position being secured by throwing back the chair and supporting her feet. A hand spike was then placed under the chair long enough for two men to take hold on each side, while one man supported the back of the chair, and she was thus carried to her home with comparative ease and convenience.

BOOK NOTICES.

A MANUAL OF THE PRACTICE OF SURGERY, by W. FAIRLIE CLARKE, M.A. and M.B. F. R. S., Assistant Surgeon to Charming Cross Hospital. From the last London edition, revised and edited, with addi-

tions, by an American Surgeon. 299 pp. Illustrated. New York: William Wood & Co. 1879.

This is an excellent work, containing as nearly, perhaps, as possible in a small and compact volume, the recent advances in surgical knowledge. There are valuable suggestions and additions by the American editor. It is certainly very practical and desirable to the surgeon and practitioner.

THE VENERIAL DISEASES, including Stricture of the Male Urethra, by E. L. KEYES, A M.,M.D., Professor of Dermatology and Adjunct Professor of Surgery in the Bellevue Hospital; Consulting Surgeon to the Charity Hospital, etc., etc. New York: Wm. Wood & Co., 27 Great Jones street. 1880.

This is an illustrated work of 242 pages, octavo in cloth illustrated, and beautifully gotten out, and constitutes another issue of the series of standard medical authors, by William Wood & Co. It is a most instructive and valuable work and should be in the library of every practitioner.

MALIGNANT DEGENERATION OF A FIBROID TUMOR OF THE UTERUS—LARGE FALSE ANEURISM IN THE SUBSTANCE OF THE GROWTH. DRS. ALBERT N. BLODUETT AND CLIFTON E. WING. Boston.

RETROVERSION IN RELATION TO LACERATIONS OF THE CERVIX UTERI, Etc., by NATHAN BOZEMAN, M.D. New York. Reprint from volume III. Gynecological Transactions. 1879.

RECEIPTED.

[Receipts not acknowledged privately are entered here.]

1879.—J. H. Payne; R. B. Stapleton; J. W. Talley; J. E. Pope; Jno A. Gordon; R. W. Lovett; P. M. Catching; J. S. L. Miller; I. H. McMullan; J. M. Boring.
1880.—M. L. Barron; J. W. Baker; W. E. Bryant; A. A. Davidson; W. H. Bledsoe; J. R. Harrison; T. L. Doster; G. M. Patterson; R. E. Hutchins; H S. Shiell; C. H. Jones; T. S. Parham; D. B. Hamilton; C. S. Priestly; C. P. Sanders; A. T. Park; W. P. Wright; Jas. S. Glenn; D. S. Aswell; Allison Lockwood; L. J. Bachman; Z. J. Scott; W. J. McAlpin; C. J. Burrough; R H. Edwards; N. G. West; D. B. Searcy; E. A. Cox; J. C. Webb; J. W. Ethridge; J. M. Pierce; J. C. Wallis; J. B. Foster; L. B. Weathers; J. H. M. Sykes; W. Culpepper; E. W. Austin; Joseph Underwood; O. W. Owensby; John Riches; J. W. Thomas; L. R. Branch; I. Dillworth; Hays & Bro.; L. S. Brownlee; R. A. Cloptor; W. T. Foute.

SPECIAL NOTICES.

BLACK'S IMPROVED FERTILIZER.—A one horse Farm right at $5.00. We have assurances that this is a very valuable article and a great saving to farmers who have to purchase fertilizers. Address M. T. Hogan, agent for Ashley & Speir, Macon, Georgia.

GRAPE CULTURE AND WINE.—Mr. A. Speer, of New Jersey, one of the largest grape producers of the East, commenced, but a few years ago, in a small way, to make wines from currants, blackberries and other fruits. He now controls large vineyards, from which his famous Port Grape Wine is made, which chemists and physicians say rivals the world for its beneficial effects on weakly and aged persons. For sale by druggists.

PARKE, DAVIS & CO. are importers of new remedies and extensive dealers in the drug line. Their list of manufactures comprises: Fluid and Solid Extracts, Spread and Roll Plasters, Sugar-Coated Pills, Medicated Lozenges, Concentrations, Medicated Syrups, Elixirs, Wines and Syrups, Medicated Collodions, Confections, Cerates, Effervescent Salts, Fumigating Pastilles, Pepsine, Pancreatine, Ergotine, Aqua Ammoniæ, Spts. Nitre Dulc, Chem. Pure Chloroform, Empty Capsules, Chlor-Anodyne, etc., etc.

Wm. R. Warner & Co. have for years been regarded as amongst the most reliable manufacturers of pills in this country. We have recently received a bottle of their quinine pills, sugar-coated, with which we have had a satisfactory experience. Dr. Yale made a report to NEW REMEDIES last spring upon the pills of various manufacturers, amongst them his experiments with pills of quinine, made by Warner & Co., that shows a great perfection of result.—*Obstetric Gazette.*

PRACTICAL NOTES AND FORMULÆ.

Sulphate of Zinc in Anemia.—Dr. Fenwick notes that in anæmia, coexistent as it often is with cardiac hypertrophy, iron is objectionable, and may be advantageously discarded for zinc sulphate, as in the following formula :

℞ Zinci sulphatis.....
Ext. gentianæ.....aa gr. ij.
Pill. rhei. comp..... gr. j.

For one pill, twice or thrice daily.—*Med. and Surg. Reporter.*

Chloral in Diphtheria.—

℞ Chloral hydratis..... ℥j.
Aquæ..... ℥j. M.

Use as a gargle every hour or two.

Dr. R. Carney, in the Canada Lancet, says : "This is a specific in diphtheria; it has a wonderful effect, the patches rapidly peeling and the patient promptly improving." It may be applied by a sponge swab in infants.

Coto Bark in Diarrhœa.—I have tried coto bark with prompt success in a case of diarrhœa with tubercular complications. The following is the formula I have employed :

℞ Fl. ex. coto bark.....
Com. tr. cardamon.....aa ℥ ij.
Mucilage acacia.....
Syrup.....aa ℥ ss
Cinnamon water, q. s. add..... ℥ viij.

M. Dose, a tablespoonful every three hours.—Dr. J. B. Crandall in *Therap. Gazette.*

Gastric Catarrh.—

℞ Sulphate magnesia..... ℥ ss:
Bicarb. potash..... grs xxx.
Salicylic acid..... grs. x.
Water..... ℥ iv.

To be taken after meals as soon as the symptoms of acidity are felt approaching.—*Ec. Med. Journal.*

Dysmenorrhœa.—A writer, in Brief, used the following remedy successfully to relieve the pain of dysmenorhœa :

℞ Camphor..... 10 grains.
Dover's powders..... 10 grains.
Ext. hyoscyamus..... 10 grains.
M. Ft. pill 10.

Dose, two pills every two hours.

The Purity of Chloroform.—It being very important that chloroform for anæsthetical purposes should be pure, the following simple tests are recommended by the author. If chloroform is dropped on paper and allowed to evaporate, the last portion on being inhaled has a characteristic pleasant smell, and leaves the paper perfectly dry and odorless; impure chloroform, however, possesses a disagreeable irritating odor, which it imparts to the paper.

Pure chloroform does not redden blue litmus or give even a cloudiness with silver nitrate. If it should do either, it contains hydrochloric acid or products of decomposition of some other chlorides. Pure chloroform remains perfectly colorless when boiled with potassa; the presence of aldehyde causes a brown coloration.

When shaken with concentrated sulphuric acid and allowed to stand for half an hour, the two liquids should separate into two colorless layers. The presence of alcoholic chlorides produces a brown coloration.—*New Remedies.*

Mithie's Elixir.—This is a carminative elixir, which is prepared according to the following formula:

℞	**Ginger**	ʒ ½
	Cinnamon	ʒ 2
	Long pepper	ʒ 2
	Galanga	ʒ 1
	Nutmeg	ʒ 1
	Cloves	ʒ 1
	Cardamom	℈ 1
	Alcohol	fl ʒ 6

Digest for 14 days and filter. Dose, ¼ teaspoonful in some suitable vehicle.

Soda Benzoate.—Dr. Wm. B. Davis, in Cincinnati Lancet and Clinic, reported having had good success in the use of the soda benzoate in a case of ulcerated sore throat. There was marked improvement in twenty-four hours after commencing its use. In a severe case of scarlet fever with ulcerated sore throat there was evident improvement at first, but the patient had succumbed to the poison that day. His formula was for adults:

℞	**Sodii Benzoat**	
	Aqua menth. pip	aa ʒ ss.
	Syr. bal. Tolu	ʒ ii.

M. fl. ʒss every three hours.

For children:

℞	**Sodii benzoat**	ʒ i.
	Aq. menth. pip	ʒ ii.
	Syr. bal. Tolu	ʒ i.

M. fl. ʒi every two hours.

Hagan's Magnolia Balm.—This balm is said by Chandler to be a colorless fluid containing 23.07 of zinc oxide. The bottle contains 3½ fl. oz. of liquid, containing 2 drachms of glycerin and 262 grains of zinc carbonate, together with a trace of carmine, and flavored with lavender and bergamot.—*New Remedies.*

Anti-odontalgic.—The following is from Dr. J. Pirnat, in the Medical and Surgical Reporter.

"The following toothache panacea I have used for the last ten years, viz. :

℞ Chloral hydratis.....
Gum camphoræ.....aa ʒj.
Olei caryophilli..... gtts.xx

Sig. Saturate a small piece of cotton and plug the cavity with it."

Constipation.—Dr. Griswold, in Medical Brief, says : In the constipation of pregnancy, or constipation resulting from a torpid condition of the bowels from any cause, also in those chronic dyspepsias, when acidity is very prominent, and action of the bowels is seldom obtained except by artificial means, the following will be found of very great benefit. It has about it an air of old-fashionedness, but its worth is a matter of fact.

℞ Fol. Senna..... ʒiv.
Manna..... ʒiv.
Pulv. Angustura bark..... ʒij.
Pulv. gentian..... ʒi.
Pulv. rhei..... ʒ1½.
Sem. annis..... ʒ1½.
Capsicum..... ʒ½.
M. et add
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Spts. turpentine..... ℥vi.
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10 ‡ liters make a decaliter.
10 deca-liters make a hectoliter.

The square and cubic measures are nothing more than the squares and cubes of the measures of length. (Thus, a square and a cubic millimeter are the square and the cube of which one side is a millimeter in length.) The are and stere are other names for the square decameter and the cubic meter.

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* A meter is equal to 39.368 American inches.
† A gramme is equal to 16.433 grains troy or avoirdupois.
‡ A liter is equal to 2.113 American pints.—*Ex.*

CLIMATE OF GEORGIA.

One of our subscribers from a Northern state writes to know if the climate of Atlanta is adapted to consumptives. We hesitate not to express the opinion that it is, and that middle Georgia and the entire section of Georgia, particularly the Northeastern portion of the State, is better adapted to consumptives than Florida and some other resorts in a more Southern section—we mean as a permanent place of residence. In the interior of Florida the climate is mild and the hygrometric conditions favorable in the winter. In the summer, however, it is too warm and relaxing, and malaria is too prevalent in most sections of the State to make it safe for the consumptive during the summer months. In Jacksonville and at all points on the coasts of Florida there is too much moisture in the atmosphere to make it desirable at any season. The

sea breezes in winter are also exceedingly penetrating and disagreeable. In the interior of the State, among the pines, these objections obtain in much less degree. So in certain localities in Southern Georgia, the climatic conditions are favorable the year round. This is true, especially of Thomasville and Cuthbert, Georgia. These are healthy points the year round, and the climate mild, uniform and free, in a great degree, from malaria, though the long summers become somewhat enervating to some constitutions.

In middle and upper Georgia the summers are not excessively warm, nor are the winters severe, the thermometer seldom falling below 30° in winter or rising above 85° in summer.

We mention as among the desirable points in upper Georgia for permanent residence of consumptives the cities of Griffin, Atlanta, Marietta, Gainesville, Athens, Madison and the villages and country adjacent to these points.

DISSECTING MATERIAL.

A great deal of overwrought and injudicious sensation has been kept up by the newspapers in Atlanta, relative to the procurement of dissecting material; it being charged upon the colleges that they were grave robbing in this vicinity. The janitor of the Atlanta Medical College was arrested, threatened by the mob and finally convicted of robbing a grave in a neighboring county, although upon search the authorities failed to find the remains in their possession.

We can say for the *Southern Medical College*—the institution with which our editorial corps is connected, that the Faculty do not desire or intend to procure subjects in this vicinity, or in any way that may be objectionable even to the most sensitive and fastidious in such matters; on the contrary they instructed their Demonstrator, early in the session, not to do so, and to procure only material from morgues and pauper grounds in distant sections where they can be obtained without let or hindrance. They are pleased to say to the Profession and to Students everywhere that dissecting material can and will be abundantly secured, and that the facilities for the study of practical anatomy in the Southern Medical College will be equal to the best in the country.

LITTLE THINGS IN PRACTICE.

There are many practical and useful ideas which from their very simplicity are overlooked in emergencies. One of these we now mention as suggested by a recent occurrence in practice.

A very fleshy and clumsy lady being thrown from a wagon received a severe injury to her back, so that the least motion caused excruciating pain. The accident occurred in the public road, half a mile from her residence. How to carry her home with the least injury and suffering was the first thought. A buggy was brought, but the effort to lift her into it seemed almost impracticable and the pain too excruciating to be borne, and a like trouble must be encountered in getting her out. At length a large armed rocking chair was brought, into which she was placed with comparatively little pain, her back finding support on a pillow, a half-reclining position being secured by throwing back the chair and supporting her feet. A hand spike was then placed under the chair long enough for two men to take hold on each side, while one man supported the back of the chair, and she was thus carried to her home with comparative ease and convenience.

BOOK NOTICES.

A MANUAL OF THE PRACTICE OF SURGERY, by W. FAIRLIE CLARKE, M.A. and M.B. F. R. S., Assistant Surgeon to Charming Cross Hospital. From the last London edition, revised and edited, with addi-

tions, by an American Surgeon. 299 pp. Illustrated. New York: William Wood & Co. 1879.

This is an excellent work, containing as nearly, perhaps, as possible in a small and compact volume, the recent advances in surgical knowledge. There are valuable suggestions and additions by the American editor. It is certainly very practical and desirable to the surgeon and practitioner.

THE VENERIAL DISEASES, including Stricture of the Male Urethra, by E. L. KEYES, A M., M.D., Professor of Dermatology and Adjunct Professor of Surgery in the Bellevue Hospital; Consulting Surgeon to the Charity Hospital, etc., etc. New York: Wm. Wood & Co., 27 Great Jones street. 1880.

This is an illustrated work of 242 pages, octavo in cloth illustrated, and beautifully gotten out, and constitutes another issue of the series of standard medical authors, by William Wood & Co. It is a most instructive and valuable work and should be in the library of every practitioner.

MALIGNANT DEGENERATION OF A FIBROID TUMOR OF THE UTERUS—LARGE FALSE ANEURISM IN THE SUBSTANCE OF THE GROWTH. DRS. ALBERT N. BLODUETT AND CLIFTON E. WING. Boston.

RETROVERSION IN RELATION TO LACERATIONS OF THE CERVIX UTERI, Etc., by NATHAN BOZEMAN, M.D. New York. Reprint from volume III. Gynecological Transactions. 1879.

RECEIPTED.

[Receipts not acknowledged privately are entered here.]

1879.—J. H. Payne; R. B. Stapleton; J. W. Talley; J. E. Pope; Jno A. Gordon; R. W. Lovett; P. M. Catching; J. S. L. Miller; I. H. McMullan; J. M. Boring.
1880.—M. L. Barron; J. W. Baker; W. E. Bryant; A. A. Davidson; W. H. Bledsoe; J. R. Harrison; T. L. Doster; G. M. Patterson; R. E. Hutchins; H S. Shiell; C. H. Jones; T. S. Parham; D. B. Hamilton; C. S. Priestly; C. P. Sanders; A. T. Park; W. P. Wright; Jas. S. Glenn; D. S. Aswell; Allison Lockwood; L. J. Bachman; Z. J. Scott; W. J. McAlpin; C. J. Burrough; R H. Edwards; N. G. West; D. B. Searcy; E. A. Cox; J. C. Webb; J. W. Ethridge; J. M. Pierce; J. C. Wallis; J. B. Foster; L. B. Weathers; J. H. M. Sykes; W. Culpepper; E. W. Austin; Joseph Underwood; O. W. Owensby; John Riches; J. W. Thomas; L. R. Branch; I. Dillworth; Hays & Bro.; L. S. Brownlee; R. A. Cloptor; W. T. Foute.

SPECIAL NOTICES.

BLACK'S IMPROVED FERTILIZER.—A one horse Farm right at $5.00. We have assurances that this is a very valuable article and a great saving to farmers who have to purchase fertilizers. Address M. T. Hogan, agent for Ashley & Speir, Macon, Georgia.

GRAPE CULTURE AND WINE.—Mr. A. Speer, of New Jersey, one of the largest grape producers of the East, commenced, but a few years ago, in a small way, to make wines from currants, blackberries and other fruits. He now controls large vineyards, from which his famous Port Grape Wine is made, which chemists and physicians say rivals the world for its beneficial effects on weakly and aged persons. For sale by druggists.

PARKE, DAVIS & CO. are importers of new remedies and extensive dealers in the drug line. Their list of manufactures comprises: Fluid and Solid Extracts, Spread and Roll Plasters, Sugar-Coated Pills, Medicated Lozenges, Concentrations, Medicated Syrups, Elixirs, Wines and Syrups, Medicated Collodions, Confections, Cerates, Effervescent Salts, Fumigating Pastilles, Pepsine, Pancreatine, Ergotine, Aqua Ammoniæ, Spts. Nitre Dulc, Chem. Pure Chloroform, Empty Capsules, Chlor-Anodyne, etc., etc.

Wm. R. Warner & Co. have for years been regarded as amongst the most reliable manufacturers of pills in this country. We have recently received a bottle of their quinine pills, sugar-coated, with which we have had a satisfactory experience. Dr. Yale made a report to NEW REMEDIES last spring upon the pills of various manufacturers, amongst them his experiments with pills of quinine, made by Warner & Co., that shows a great perfection of result.—*Obstetric Gazette.*